FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J76121** **(9)**

1. Corporation Name

ALPHA LEASING, INC.

Principal Place of Business	Mailing Address
222 S WESTMONTE DR 204 ALTAMONTE SPRINGS FL 32714 US	222 S WESTMONTE DR 204 ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/02/1987**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **59-2876179** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KAPLAN, ERIC J
2 S BISCAYNE BLVD
SUITE 3100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Kaplan, Eric J.
82 Street Address (P.O. Box Number is Not Acceptable): 1110 Brickell Avenue
83
84 City: Miami **FL** 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, FRED	12 NAME	
STREET ADDRESS	748 BANANA LAKE ROAD	13 STREET ADDRESS	700001472017
CITY ST ZIP	LAKE MARY FL	14 CITY ST ZIP	-05/02/95--01163--015
TITLE	DST	21 TITLE	****200.00 ****200.00 Addition
NAME	EDWARDS, CHRISTA	22 NAME	
STREET ADDRESS	748 BANANA LAKE ROAD	23 STREET ADDRESS	
CITY ST ZIP	LAKE MARY FL	24 CITY ST ZIP	
TITLE	AS	31 TITLE	☒ Change ☐ Addition
NAME	KAPLAN, ERIC J.	32 NAME	AS
STREET ADDRESS	2 S. BISCAYNE BLVD., SUITE 3100	33 STREET ADDRESS	Kaplan, Eric J.
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	1110 Brickell Avenue Miami, FL 33131
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred Edwards **Fred Edwards, Director** 04/11/95 **(407) 788-3177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000444 CP