

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J76121
1. Corporation Name

ALPHA LEASING, INC.

Principal Place of Business
222 S. Westmonte Dr.
#204
Altamonte Springs, FL
32714

Mailing Address
~~222 S. Westmonte Dr.~~
~~#204~~
~~Altamonte Springs, FL~~
~~32714~~

3. Date Incorporated or Qualified 06/02/1987
3a. Date of Last Report 04/27/95

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip Country
24 25 26 c/o P.O. BOX 2809
27 Suite, Apt. #, etc
28 Orlando, FL
29 32801 30 USA

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.~~
~~1110 BRICKELL AVENUE~~
~~MIAMI, FL 33131~~

10. Name and Address of New Registered Agent

81 Name TIMOTHY J. MANOR
82 Street Address (P.O. Box Number is Not Acceptable) 215 N. EOLA DRIVE
83
84 City ORLANDO FL 85 Zip Code 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME EDWARDS, FRED
STREET ADDRESS 748 BANANA LAKE RD.
CITY-ST-ZIP LAKE MARY, FL

TITLE D/S/T
NAME EDWARDS, CHRISTA
STREET ADDRESS 748 BANANA LAKE RD.
CITY-ST-ZIP LAKE MARY, FL

TITLE ~~AO~~
NAME ~~KAPLAN, ERIC J.~~
STREET ADDRESS ~~1110 BRICKELL AVE.~~
CITY-ST-ZIP ~~MIAMI, FL 33131~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

900001828689
-05/20/96--01032--023
***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-96 (407) 788-3177