

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J78316** (3)
1. Corporation Name
THE LEASING CENTER, INC.



Principal Place of Business 405 B 2ND ST S SAFETY HARBOR FL 34695	Mailing Address 405 B 2ND ST S SAFETY HARBOR FL 34695-4014
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3. Date Incorporated or Qualified 06/15/1987	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number 59-2822574	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROMAN, THOMAS A. 2340 MAIN ST., SUITE L DUNEDIN FL 34698	10. Name and Address of New Registered Agent 81 Name JAMES P. KAMER 82 Street Address (P.O. Box Number is Not Acceptable) 4111 KNOTTINGLEY PLACE 83 84 City TAMPA FL 85 Zip Code 33624
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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 *James P. Kamen* **JAMES P. KAMER** DATE **4/22/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIRRO, MATTHEW J	1.2 NAME	JAMES P. KAMER
STREET ADDRESS	7129 DAGGETT TERRACE	1.3 STREET ADDRESS	14111 KNOTTINGLEY PLACE
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIRRO, AGNES M.	2.2 NAME	LYLE J. MORTENSEN
STREET ADDRESS	7129 DAGGETT TERRACE	2.3 STREET ADDRESS	5525 N. MACARTHUR BLVD # 550
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	IRVING, TX 75038
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	RONALD G. WILLIAMS
STREET ADDRESS		3.3 STREET ADDRESS	1221 BELORELL AVE # 1010
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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, on an attachment with an address.

SIGNATURE: *James P. Kamen* **JAMES P. KAMER** DATE **4/22/97** (972) 580-7945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)