

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K00339 (7)
1. Corporation Name
NEW AMERICAN LEASING, INC.

Principal Place of Business P.O. BOX 76349 TAMPA FL 33675	Mailing Address P.O. BOX 76349 TAMPA FL 33675
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:13**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/04/1987		3a. Date of Last Report 05/01/1994	
4. FEI Number 65-0011401		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 FRIEDMAN, REID STEVEN 111 BALTIC CIRCLE TAMPA FL 33606		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 *Reid Friedman* (NOTE: Registered Agent signature required when re-registering) DATE *1-10-95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME FRIEDMAN, REID STEVEN	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 111 BALTIC CIRCLE		1.2 NAME	
CITY-ST-ZIP TAMPA FL 33606		1.3 STREET ADDRESS	
TITLE D	NAME FRIEDMAN, RONALD DAVID	1.4 CITY-ST-ZIP	
STREET ADDRESS 111 BALTIC CIRCLE		2.1 TITLE	☐ Change ☐ Addition
CITY-ST-ZIP TAMPA FL		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
NAME		2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE	☐ Change ☐ Addition
CITY-ST-ZIP		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	☐ Change ☐ Addition
CITY-ST-ZIP		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	☐ Change ☐ Addition
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	☐ Change ☐ Addition
CITY-ST-ZIP		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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 this 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: *Reid Friedman* 1-10-95 813 247-5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR