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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K23456 (2)

1. Corporation Name:
SOUTHOLD LEASING, INC.

Principal Place of Business
10590 PINETREE TERRACE
BOYNTON BCH FL 33436

Mailing Address
PO BOX 299
SEA CLIFF NY 11579-0299
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1988		3a. Date of Last Report 01/24/1996	
21 529 S. FLAGLER DR		26 SAME		4. FEI Number 65-0050959		Applied For Not Applicable	
22 Suite, Apt. #, etc. SUITE 4H		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State West Palm Beach FL		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33401		25 Country USA		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

DONATO, RICHARD T.
7700 DAVIE RD EXTENSION
HOLLYWOOD FL 33024

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature type for printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	CORNACCHIA, JOSEPH M.	1.2 NAME	Cornacchia, Joseph M
STREET ADDRESS	10590 PINETREE TERRACE	1.3 STREET ADDRESS	529 S. Flagler Drive #4H
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	West Palm Beach FL 33401
TITLE	D	2.1 TITLE	D
NAME	CORNACCHIA, JOSEPH M.	2.2 NAME	Cornacchia, Joseph M
STREET ADDRESS	10590 PINETREE TERRACE	2.3 STREET ADDRESS	529 S. Flagler Drive #4H
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	West Palm Beach FL 33401
TITLE	V	3.1 TITLE	V
NAME	GASSER, LOUIS	3.2 NAME	Gasser, Louis
STREET ADDRESS	10590 PINETREE TERRACE	3.3 STREET ADDRESS	529 S. Flagler Drive #4H
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	West Palm Beach FL 33401
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)