FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K37553 (0)

1. Corporation Name
BON-BAR LEASING, INC.

Principal Place of Business
~~6645 RIDGE RD~~
~~PORT RICHEY FL 34668~~

Mailing Address
~~6645 RIDGE RD~~
~~PORT RICHEY FL 34668~~

3. Date Incorporated or Qualified: 10/07/1988
3a. Date of Last Report: 03/23/1995

4. FEI Number: 59-2915288 — [ ] 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

2. Principal Place of Business
21 10806 U.S. Hwy 19
Suite, Apt #, etc.
22 Ste. 101
City & State
23 Port Richey
Zip
24 34668
Country
25 U.S

2a. Mailing Address
26 Same
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

STEIN STEPHEN E
10806 US HWY 19 STE 101
PT RICHEY FL 34668

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

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

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	STEIN, STEPHEN E.	
STREET ADDRESS	2554 LAKESIDE CT.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	~~V~~	[X] DELETE
NAME	~~RESMONDO, GARY W.~~	
STREET ADDRESS	~~1346 PRESERVATION WAY~~	
CITY-ST-ZIP	~~OLDSMAR FL~~	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pt V	[ ] Change [X] Addition
1.2 NAME	Stephen E Stein	
1.3 STREET ADDRESS	2554 Lakeside Ct	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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 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: Stephen E Stein President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)