

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

|                                                                           |                                                                                                                                                                                         |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> PROFIT CORPORATION ANNUAL REPORT 1996 | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DOCUMENT # **K47968** (8)

1. Corporation Name  
**COMCAR LEASING, INC.**



|                                                                                                          |                                                                                              |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>% MILTON E. JACOBS<br/>502 E. BRIDGERS AVE.<br/>AUBURDALE FL 33823</b> | Mailing Address<br><b>% MILTON E. JACOBS<br/>502 E. BRIDGERS AVE.<br/>AUBURDALE FL 33823</b> |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/30/1988</b>                                                                                                      | 3a. Date of Last Report<br><b>05/01/1995</b>           |
| 4. FEI Number<br><b>59-2918905</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                         |                                                                                              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21. Suite, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country | 2a. Mailing Address<br>26. Suite, Apt. #, etc.<br>27. City & State<br>28. Zip<br>29. Country |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

**JACOBS, MILTON E.  
502 E. BRIDGERS AVE.  
AUBURDALE FL 33823**

10. Name and Address of New Registered Agent

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.                                                    |              |
| 84. City                                               | <b>FL</b>    |

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 typed or printed name of registered agent (tax filer, taxpayer, etc.) (Note: Registered Agent signature required when resigning.) DATE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>PD</b>                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BOSTICK, R. MARK</b>     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>P.O. DRAWER 67 N/A</b>   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>AUBURDALE FL</b>         | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>EVP</b>                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FORDHAM, BILLY F</b>     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>P.O. DRAWER 67 N/A</b>   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>AUBURDALE FL</b>         | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b>                    | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BOSTICK, GUY</b>         | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>P.O. DRAWER 67 N/A</b>   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>AUBURDALE FL</b>         | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>VDI</b>                  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JACOBS, MILTON E.</b>    | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>P.O. DRAWER 67 N/A</b>   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>AUBURDALE FL</b>         | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>S</b>                    | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>READY, BILLY R</b>       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>502 E. BRIDGERS AVE.</b> | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>AUBURDALE FL</b>         | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                             | 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 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 registered agent, trustee or 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

*Billy R. Ready* **BILLY R. READY, Sec.** 4/30/96 (94) 968-1101

CR2E034 (12/95)