

**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 # **K52025** (9)

1. Corporation Name

**MEDICAL EQUIPMENT LEASING CORPORATION**



Principal Place of Business

Mailing Address

**%WILLIAM S. JONASSEN  
10785 ULMERTON RD  
LARGO FL 34648**

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10785 ULMERTON RD  
LARGO FL 34648**

3. Date Incorporated or Qualified <b>12/16/1988</b>	3a. Date of Last Report <b>03/16/1995</b>
4. FEI Number <b>59-1594980</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**JONASSEN, WILLIAM S.  
10785 ULMERTON RD  
LARGO FL 34648**

**10. Name and Address of New Registered Agent**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				<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 and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	DP	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, B WARREN		12. NAME	
STREET ADDRESS	10785 ULMERTON RD		13. STREET ADDRESS	
CITY - ST - ZIP	LARGO FL		14. CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22. NAME	
STREET ADDRESS			23. STREET ADDRESS	
CITY - ST - ZIP			24. CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32. NAME	
STREET ADDRESS			33. STREET ADDRESS	
CITY - ST - ZIP			34. CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME	
STREET ADDRESS			43. STREET ADDRESS	
CITY - ST - ZIP			44. CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME	
STREET ADDRESS			53. STREET ADDRESS	
CITY - ST - ZIP			54. CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME	
STREET ADDRESS			63. STREET ADDRESS	
CITY - ST - ZIP			64. 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: *B Warren Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-2-96* 502-678-6655  
Date Daytime Phone #

CR2E034 (12/95)