

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K87509 (1)  
1. Corporation Name  
MARSTEN/THG MODULAR LEASING CORPORATION

Principal Place of Business  
4020 50TH STREET SOUTH  
TAMPA FL 33619-3728  
US

Mailing Address  
4020 50TH STREET SOUTH  
TAMPA FL 33619-3728  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 05/11/1989	
21		26		4. FEI Number 65-0122539	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WEBER, THOMAS 2137 JACKSONVILLE ST. FT. MYERS FL 33916				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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WALEWSKI, ALEXANDRE	1.2 NAME	
STREET ADDRESS	4020 50TH STREET SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33619	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	WEBER, THOMAS	2.2 NAME	
STREET ADDRESS	2137 JACKSONVILLE STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33916	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	JACKSON, E. RAY	3.2 NAME	
STREET ADDRESS	4020 50TH STREET SOUTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33619	3.4 CITY - ST - ZIP	
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 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:

*E. Ray Jackson*  
E. RAY JACKSON

1/21/98

813-242-4303

CR2E034 (10/97)