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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

CA-JA	MENI# K94(on Name A LEASING, INC.				
Principal Place of Business %JOHN C. CALHOUN 3150 FLORIDA COACH DR KISSIMMEE FL 34741		Mailing Address SJOHN C. CALHOUN 3150 FLORIDA COACH DR KISSIMMEE FL 34741			
				3. Date incorporated or Qualified 06/08/1989	3a. Date of Last Report 07/11/1995
2. Principal Place of Business		2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. EEI Number	Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #, et		59-2952714	Not Applicable
22		27 Suite, Apt. #, 6t	C.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zιρ	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30]	8. This corporation has liability for in Florida Statutes X Yes	tangible tax under s. 199.032, □`No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
3150 FI	UN, JOHN C. LORIDA COACH DR MEE FL 34741		82 Street Adi 83	dress (P.Ö. Box N.imber is No; Acceptable	
11. Pursuant or registe familiar w	to the provisions of Sections 607.0 red agent, or both, in the State of F ith, and accept the obligations of, S	502 and 607,1508, Florida S Torida, Such change was aut Section 607.0505, Florida Stal	talutes, the above named corporated by the	oration submits this statement for the purp and of directors. Thereby accept the appoi	FL 85 Zip Code ose of changing its registered office eliment as registered agent. I am
	Signature typed or priviled name of registered a		(NOTE: Registero LAgent's gnarure requir		DATE:
12.	OFFICERS	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	CALHOUN, JOHN C.	_ butte	1. 1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	3150 FLORIDA COACH DE	_	l i		
CITY-ST-ZIP	PROGRAME EL TRICOR		1.3 STREET ADDRESS		
TITLE	KISSIMMEE FL 3474	1)	1.3 STREET ADDRESS 1.4 CHY-ST-7IP		
THILE	KISSIMMEE PL 39 16				Change Addition
NAME	MISSIMMEET 34 10	1)	14 CHY-ST-7P 2 1 HILE 2 2 NAME		Change Addition
NAME STREET ADORESS	KISSIMMEETE 34 16	1)	1.4 CHY- \$T-7IP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
NAME STREET ADDRESS CITY+ST-ZIP	KISSIMMEE FL 34 16	1)	14 CHY-ST-7P 2 1 HILE 2 2 NAME		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NISSIMMEETL 34 16	DELETE	14 CHY- \$1-7IP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 24 CHY- \$1-7IP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY- \$1-7IP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KISSIMMEE PL 34 16	DELETE	14 CHY- \$1-7IP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 24 CHY- \$1-7IP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-\$1-7IP 4 1 TITLE		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	KISSIMMEE PL 34 16	DELETE	14 CHY- \$1-7IP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 24 CHY- \$1-7IP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CHY- \$1-7IP 4 1 THIF 42 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that his signature shall have the same legal effect as if made under appears in Block 12 or Block 13 Inhanged, or on an attachment with an address.

GNATURE:

SISNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE:

SISNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE: >