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1	PROFIT PORATION	FLORIDA DEPA	RIMENT OF STATE	}	
	IAL REPORT		B. Mortnam		
Į	193		ary of State		
1996 DIVISION OF CORPORATIONS					
DOCU	MENT# 11	0316 (2)			
1. Corporation	Name	(2)			
ANIM	AL LEASING CORPO	RATION			
				1 (2012) 1801 1801 1801 1801 1801 1801 1801 180	
Principal Place	of Business	Mailing Address			
		_			
· • • • • • • • • • • • • • • • • • • •		P.O. BOX 491996 Sarasota Fl 34230	\		
		0/11/10/11/12 4/120,	•	3. Date Incorporated or Qualified 3a.	Date of Last Report
				08/16/1989	03/17/1995
	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0140545	Not Applicable
Suite, Apl.	, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
- City & State	:	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	7 _(p)	Country	8. This corporation has liability for intang Florida Statutes	ible tax under s. 199.032,
24	9. Name and Address o	29 If Current Registered Agent		Florida Statutes X Yes 10. Name and Address of New Regist	
			81 Name		
CZEISLER, LUDWIG			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	OVE TERR				
SARAS	OTA FL 34231		83		
. ,			84 City		85 Zip Code
11. Pursuant t	o the provisions of Sections 6	607.0502 and 607.1508, Florida Statute	es, the above named corp	oration submits this statement for the purpose	of changing its registered office
					ot on son aloud a sout dans.
or register familiar wit	ed agent, or both, in the State h, and accept the obligations	e of Fiorida. Such change was authorize s of, Section 607.0505, Florida Statutes	ed by the corporation's no	pard of directors. Thereby accept the appointme	ant as registered agent, i am
or register familiar wit SIGNATURE	ed agent, or both, in the State h, and accept the obligations	e of Fiorida. Such change was authorize s of, Section 607.0505, Florida Statutes	ed by the comporation's bo	pard of directors. Thereby accept the appointme	ent as registered agent, i am
or register familiar wit SIGNATURE	ed agent, or both, in the State h, and accept the obligations Sgratus, based or professional correger	elene Lagent aud the Tappe shie (NC	Fr. Registares) Agent signature respo		ATE
or register familiar wit SIGNATURE _ 12.	ed agent, or both, in the Stali h, and accept the obligations Sguitting hyeat or portion rank of regis OFFIC	Stend agent as 1 the 1 agent at knowledge (NC DERS AND DIRECTORS	f: Registates Agend signature respo		ATE AND DIRECTORS IN 12
or register familiar wit SIGNATURE	ed agent, or both, in the State h, and accept the obligations Sguitze, hyell or printerance or ego OFFIC	SERS AND DIRECTORS	Fr. Registares) Agent signature respo		ATE
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or register familiar with SIGNATURE 12. TIFLE NAME	ed agent, or both, in the Stale h, and accept the obligations Signific. Specific participance of region OFFIC D CZEISLER, LUDWIG 7643 COVE TERR	Stere Laggert auch tre Laggeration (AC DERIS AND DIRECTIONS	13. 1 1 111LF 1 2 NAME		ATE AND DIRECTORS IN 12
or register familiar wit SIGNATURE 12. TIFLE NAME STREET ADDRESS	ed agent, or both, in the Stali- h, and accept the obligations Sgratin, bred or printe rank of legis OFFIC D CZEISLER, LUDWIG	SERS AND DIRECTORS	13. 1 TITLE 12 NAME 1.3 STREET ADDRESS		ATE AND DIRECTORS IN 12
or register familiar wit SIGNATURE 12. TIFLE NAME STREET ADORESS CITY - ST - ZIP TIFLE NAME	ed agent, or both, in the Stale h, and accept the obligations Signific. Specific participance of region OFFIC D CZEISLER, LUDWIG 7643 COVE TERR	Stere Laggert auch tre Laggeration (AC DERIS AND DIRECTIONS	13. 1 TITLE 12 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP		ATE S AND DIRECTORS IN 12 Change Addition
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CITY-ST-ZIP 6 4 CITY - ST - ZIP 14. If 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 arcurate and that my signature shall have the same logal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted 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:

UDWIG CZEISLER

3.20.1996.

941 924-9766

SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Display Parks.

**Display Parks

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5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

CITY-S1-ZIP

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

Change

Change

Addition

Addition