FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00						
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARIMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # L. 18209						
J.S. + K. LEASING COMPANY, INC.						
Principal Place of Business 717 LAYNE BLVD 717 LAYNE BLVD 717 LAYNE BLVD						
HALLANDALE, TL. 33009 HALLANDALE, FL33009					9/26/89	a. Date of Last Report 3 23 95
2. Principal Place of Business 2a. Mailing Address 28					4. FEI Number (65-0143865	Applied For Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fe3 Required
22 City & State		27	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	1	iuntry	Zip	Country	This corporation has liability for inta Florida Statutes Yes	ngibiə tax under s 199.032,
24	9. Name and A	29 ddress of Current Reg		30	Florida Statutes Yes L 10. Name and Address of New Regi	
•	JUNIT	4L.SEL	-Z.	81 Name		
•	717	HL.SEL LAYNE NDALE, FI	LVD,	82 Street Addres	ss (P.O. Box Number is Not Acceptable)	
•	HALLA	NDALE F	2.33009	83		
				84 City		FL 85 Žip Code
 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. 						
familiar with SIGNATURE	h, and accept the c	bligations of, Section 60	7.0505, Florida Statutes.		_	
12.	Signature, typed or printed	name of registered agent and title OFFICERS AND DIR		E Registered Agent signature required 13.	when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PRESI			1. 1 TITLE		Addition
NAME STREET ADDRESS	Jusi	DENT		1.2 NAME 1.3 STREET ADDRESS		-034
STREET ADDRESS CITY - ST - ZIP	- 717 L HAUJ	AYNE BLU ANDALE FI		1.4 CITY - ST - ZIP		
THLE	DIREC	ANDALE, FI		2. 1 TIFLE		Change Addition O
NAME STREET ADDRESS	6405 L	NINDING LAN	EDRIVE	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	JUP	TER, FL. 3	<u>5458</u>	2 4 CITY-ST-ZIP		
THE		,	DELETE	3 1 TITLE 3.2 NAME		Chançe 🛄 Addition
NAME STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>			3.4 CITY - ST - ZIP		Chance Addition
TITLE NAME			DELETE	4. 1 TITLE 4.2 NAME		Chançe 🗋 Addition
STREET ADDRESS				4.3 STREET ADDRESS	500001800 ~05/03/96~-0106	6955
CITY-ST-ZIP				4.4 CITY-ST-ZIP	-05/03/960106 ***200.00	B002 Change Addition
TITLE			DELETE	5 1 TITLE 5 2 NAME	***200.00	
STREET ADDRESS				5 3 STREET ADDRESS		
CITY-ST-ZIP				54 CITY-ST-ZIP		Change Addition
TITLE NAME			DELETE	6.1 TITLE 6.2 NAME		
NAME STREET ADDRESS				6.3 STREET ADDRESS		16.
CITY - ST-ZIP		ampling our stad with th	nin filma in untimbasily from	64 CITY - ST-ZIP	v the exemption stated in Section 119.07	(3)(k) Elorida Statutes I further
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: Judith L, Jal JUDITH LSELZ 4 23/96 954-454-5568						
1	SIG	TATURE AND TYPED OR PRINT	TED NAME OF SIGNING OFFICE	R OR DIRECTOR	bate	Daytime Phone #