FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # L96432

1. Corporation Name

(4)

EAST COAST AUTO LEASING, INC.					T TERUTON EVE JENIA BINU BURDE NINE URBI ATRIK ANAK ATRIK ATRIK ATRIK ARAN ARAN ATRIK	
Principal Place of Business		Mailing Address				
1112 THIRD ST NEPTUNE BEACH FL 32266-5024		1112 THIRD ST NEPTUNE BEACH	1112 Third St Neptune Beach Fl 32266-5024			
					3. Date Incorporated or Qualified 08/29/1990	3a. Date of Last Report 06/12/1995
	nce of Business	2a. Mailing Address			4. FET Number	Applied For
21 Sute, Apt. #, etc.		Suite, Apt. #, etc.		59-2363401	Not Applicable	
22		27		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	
Ζ(ρ 11.1	F-7 F-7		Country		8. This corporation has liability for	•
24	25 9. Name and Address of Curren	29	30		Florida Statutes Yes 10. Name and Address of New F	S No
	g. Hallo and radios of Carell	Criegisterea Agent	81	Name	10. Name and Address of New P	registered Agent
SHOR	T, FREDERICK R. JR.		82	60 A	Iress (P.O. Box Number is Not Acceptab	0-1
	UNIVERSITY BLVD., SUITE 106		62	Street Add	iress (F.O. box indifficer is not acceptar	эю
	SONVILLE FL 32217		83			
			84	City		85 Zip Code
4. 6		1007.1500 51.11.01		L	· · · · · · · · · · · · · · · · · · ·	FL
or registere	ed agent, or both, in the State of Florid	da. Such change was author	ized by the corp	named corpo oration's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its registered office xointment as registered agent. I am
	h, and accept the obligations of, Secti	ion 607.0505, Florida Statute	es.			
SIGNATURE	Signature, typind or printed name of registered agent	and title I applicable (f	KHE Begistered Ager	it Signature respire	ed when renistering	CMTS
12.	OFFICERS AND		13.			FICERS AND DIRECTORS IN 12
TITLE	D	DELFTE	1. 1 THILE			Change Addition
NAME	BUNCE, G. WESLEY L.		1.2 NAME			
STREET ADDRESS	542 OLEANDER STREET		1.3 \$14EE1			l
CITY-ST-ZIP TITLE	neptune BCH. FL D	□ DELETE	1.4 CITY - ST - ZIP			Chagas El Addition
NAME	MELTON BOUGE ALAM		2 1 TITLE 2.2 NAME			Change Addition
STREET ADDRESS	1419 PINEWOOD RD.		2.3 STREET ADDRESS			
Cliv-Si-ZiP	JACKSONVILLE BCH FL		2 4 CITY - ST - ZIP			
THLE	D FIRETE		3 1 1 ITLE			Change Addition
NAME	FRANKS, CHARLES GREGORY		3.2 NAME			/ Lan. (
STREET ADDRESS			33 STREE	ADDRESS		
CITY - S1 - ZIP	JACKSONVILLE BCH FL		3.4 CITY - 5	I - Z(P		
10:UE	DELETE		4. 1 TITLE			☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			43 STREET	1		
CITY-ST ZIP	DELETE		4.4 CiTy - 5	11- ZIF		Change Addition
TITLE NAME	_		5 1 Tille 52 NAME			Change Addition
STREET ADDRESS			5.3 STREET	Annergs		
CITY - ST - ZIP			5.4 CITY- 5			
TITLE	DELETE		6 1 TILE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
C-1Y - ST - 7/F			6.4 CITY - S	T-ZIP		
14 Lela haciba	a partification to the information authorized a	برياك وبالمصافحة والصور حاريض والكراك والواق والفائرة	مماه اعضماء مطمده	ببالصيم فمعم	for the contract of the first o	07.0 % 5. 1 6. 1. 1. 1.

Ido 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 emplemental 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 of the receiver or trustife 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 on in a attachment with an address.

SIGNATURE: _

NATURE AND TYPED OR POSSES NAME OF SIGNING OFFICER OR DIRECTOR

4-9-16

904-203-9818

;R2E034 (12/95)