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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L96432

(4)

1. Corporation Name:

EAST COAST AUTO LEASING, INC.



Principal Place of Business

1112 THIRD ST
NEPTUNE BEACH FL 32266-5024

Mailing Address

1112 THIRD ST
NEPTUNE BEACH FL 32266-5066

3. Date Incorporated or Qualified

08/29/1990

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

21 14125 BEACH BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 14125 BEACH BLVD
Suite, Apt. #, etc.

4. FEI Number

59-2363401

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

23 JACKSONVILLE
City & State

28 FLORIDA
City & State

24 32250 Country

29 32250 Country

9. Name and Address of Current Registered Agent

SHORT, FREDERICK R. JR.
3733 UNIVERSITY BLVD., SUITE 106
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BUNCE, G. WESLEY L.
STREET ADDRESS 542 OLEANDER STREET
CITY-ST-ZIP NEPTUNE BCH. FL

TITLE D ☐ DELETE

NAME MELTON, BRUCE ALAN
STREET ADDRESS 1419 PINWOOD RD.
CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE D ☐ DELETE

NAME FRANKS, CHARLES GREGORY
STREET ADDRESS 32 OAKWOOD RD.
CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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; that 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

State

Daytime Phone

CR2E034 (9/96)