FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

PALM A	MENT # M1969 IRLEASING, INC.	Mailing Address					
Principal Place of Rusiness 1308 NW 34 ST. MIAMI FL 33122 JS		3591 SW DEGGELLER C PALM CITY FL 34990-55 US	•				
,		50		3. Date Incorporated or Qualified		e of Last Re	port
Principal F	Place of Business	2a. Mailing Address		08/21/1985 4. FEI Number	<u> U0/U</u>	1/1996	plied For
morpary	10 30 GI (MICHOLO)	26		59-2584082			1 Applicable
Suite, Apt	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	×	\$8.75 A	
City & Stat	lo	City & State		6. Election Campaign Financing		\$5.00	
		28		Trust Fund Contribution	X	Added t	
Zip	Country	Zip	Country	8. This corporation has liability for	~		199.032,
	25 9. Name and Address of Curi	29 rent Registered Agent	30	Florida Statutes 10. Name and Address of New Re	Yes		
RAN	NCROFT, EDWARD L.		81 Name				
552	8 SOUTHWEST ANHINGA AVE M CITY FL 34990	NUE	<u> </u>	dress (P.O. Box Number is Not Acceptal	ple)		
			63				
			84 City		F*1	85 Zip (Code
			1-1-4			1 1	
l. Pursuarit office or i agent 1 a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	0502 and 607.1508, Florida Stal ate of Florida. Such change wa bligations of, Section 607.0505,	'	rporation submits this statement for the ation's board of directors. I hereby acce	FL purpose of c opt the appoi	changing its Intment as	s registered registered
			tutes, the above-named cor s authorized by the corpora Florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of co ppt the appoi	changing its Introduction	s registere registered
GNATURE	Signature, typind or printed name of registered	agent and title if applicable (N	tutes, the above-named cor s authorized by the corpora Florida Statutes. OTE: Registered Agent signature requ	uired when reinstating)	purpose of copt the appoint		
GNATURE	Signature, typind or printed name of registered		tutes, the above-named cor s authorized by the corpora Florida Statutes.		purpose of copt the appoint th		S IN 12
GNATURE L	Signaturi, typed or printed name of registered OFFICERS / PD BICKEL, PATRICIA A.	agent and little if applicable (N AND DIRECTORS	tutes, the above-named cor s authorized by the corpora Florida Statutes. OTE: Registered Agent signature requi	uired when reinstating)	purpose of copt the appoint th	DIRECTOR	S IN 12
GNATURE LE ME	Signature, typind or printed name of repistered OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR	agent and little if applicable (N AND DIRECTORS	tutes, the above-named cors authorized by the corpora Florida Statutes. OTE: Registered Agent signature required. 13. 1.1 TITLE	uired when reinstating)	purpose of copt the appoint th	DIRECTOR	S IN 12
GNATURE LE ME REFLADORESS Y - S1 - ZIP	Signaturi, tyand or printed name of repassed OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL	agent and Mir If applicable (N AND DIRECTORS	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature requirements of the statutes of the signature requirements of the statutes of the st	uired when reinstating)	purpose of c ppt the appoil DATE CERS AND	DIRECTOR Change	S IN 12
GNATURE LE ME BEFI ADDRESS Y - S1 - ZIP	Signature, typind or printed name of reposered OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD	agent and little if applicable (N AND DIRECTORS	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature requirements of the statutes of the statutes of the signature and the statutes of th	uired when reinstating)	purpose of c ppt the appoil DATE CERS AND	DIRECTOR	S IN 12
GNATURE LE ME REFLADORESS Y - S1 - ZIP LE ME	Signature, typind or printed name of reposered OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M.	agent and Mir If applicable (N AND DIRECTORS	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature requirements of the statutes of the	uired when reinstating)	purpose of c ppt the appoil DATE CERS AND	DIRECTOR Change	S IN 12
GNATURE LE ME SEEL ADDRESS Y-S1-ZIP LE ME	Signature, typind or printed name of registered OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE.	agent and Mir If applicable (N AND DIRECTORS	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature requirements of the statutes of the	uired when reinstating)	purpose of c ppt the appoil DATE CERS AND	DIRECTOR Change	S IN 12
GNATURE LE ME SEEL ADDRESS Y-S1-ZIP LE ME MEEL ADDRESS Y-S1-ZIP	Signature, typind or printed name of requereed OFFICERS A PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL	agent and Mir If applicable (N AND DIRECTORS	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature requirements of the statutes of the	uired when reinstating)	purpose of c ppt the appoil DATE CERS AND	DIRECTOR Change	S (N 12
GNATURE LE ME SEFI ADDRESS Y - S1 - ZIP LE ME LE ME LE	Signature, typind or printed name of requeered OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL	agent and wire if applicable (N AND DIRECTORS DELETE	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature required in the second statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	uired when reinstating)	purpose of c ppt the appoil DATE CERS AND	DIRECTOR Change Change	S (N 12 Additi
GNATURE LE ME SEEL ADDRESS Y - S1 - ZIP LE ME REEL ADDRESS Y - S1 - ZIP LE ME	Signature, typed or printed name of requerred OFFICERS A PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL TD BICKEL, JAMES S. 13018 FLAMINGO TERR	agent and wire if applicable (N AND DIRECTORS DELETE	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature requirements of the statutes of the	uired when reinstating)	purpose of copt the appoint th	DIRECTOR Change Change	S (N 12 Additi
GNATURE LE ME REFI ADDRESS Y-SI-ZIP LE ME REFI ADORESS Y-SI-ZIP LE ME ME REFI ADORESS	Signature, spand or printed name of required OFFICERS A PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL TD BICKEL, JAMES S. 13018 FLAMINGO TERR PALM BCH GARDENS FL	egent and Wie If applicable (N AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature required in the statutes in the stat	uired when reinstating)	purpose of copt the appoint th	DIRECTOR Change Change	S (N 12
GNATURE LE ME REFI ADDRESS Y - S1 - ZIP LE ME REFI ADORESS Y - S1 - ZIP LE ME REFI ADORESS Y - S1 - ZIP	Signature, typind or printed name of repasted OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL TD BICKEL, JAMES S. 13018 FLAMINGO TERR PALM BCH GARDENS FL SD	agent and wire if applicable (N AND DIRECTORS DELETE	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature required in the statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	uired when reinstating)	purpose of copt the appoint th	DIRECTOR Change Change	S IN 12 Addition
GNATURE LE ME BEET ADDRESS Y-S1-ZIP LE ME HEET ADORESS Y-SC-ZIP LE ME HEET ADORESS Y-S1-ZIP LE ME HEET ADORESS Y-S1-ZIP LE ME HEET ADORESS	PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL TD BICKEL, JAMES S. 13018 FLAMINGO TERR PALM BCH GARDENS FL SD BANCROFT, EDWARD L.	egent and Wie If applicable (N AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature required in the statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	uired when reinstating)	purpose of copt the appoint th	DIRECTOR Change Change	S IN 12 Addition Addition
GNATURE LE ME REFLADORESS Y-S1-ZIP LE ME REFLADORESS Y-S1-ZIP LE ME	Signature, typind or printed name of repasted OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL TD BICKEL, JAMES S. 13018 FLAMINGO TERR PALM BCH GARDENS FL SO BANCROFT, EDWARD L. 5528 S.W. ANHINGA AVE.	egent and Wie If applicable (N AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature required in the statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	uired when reinstating)	purpose of copt the appoint th	DIRECTOR Change Change	S IN 12 Additi
GNATURE LE ME REFLADORESS Y-S1-ZIP LE ME REFLADORESS Y-S1-ZIP LE ME REFLADORESS Y-S1-ZIP LE ME REFLADORESS Y-S1-ZIP LE ME ME ME REFLADORESS Y-S1-ZIP	PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL TD BICKEL, JAMES S. 13018 FLAMINGO TERR PALM BCH GARDENS FL SD BANCROFT, EDWARD L.	agent and title if applicable (NAND DIRECTORS DELETE DELETE	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature required by the corporal statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	uired when reinstating)	purpose of copt the appoint th	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition
GNATURE LE ME REFLADDRESS Y-S1-ZIP LE ME REFLADDRESS Y-S1-ZIP LE MF REFLADDRESS LY-S1-ZIP LE ME REFLADDRESS Y-S1-ZIP LE ME REFLADDRESS Y-S1-ZIP LE	Signature, typind or printed name of repasted OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL TD BICKEL, JAMES S. 13018 FLAMINGO TERR PALM BCH GARDENS FL SO BANCROFT, EDWARD L. 5528 S.W. ANHINGA AVE.	egent and Wie If applicable (N AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature required by the corporal statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	uired when reinstating)	purpose of copt the appoint th	DIRECTOR Change Change	S IN 12 Addition Addition Addition Addition
GNATURF LE ME REFLADORESS Y-S1-ZIP LE ME REFLADORESS Y-S1-ZIP LE ME REFLADORESS Y-S1-ZIP LE ME REFLADORESS Y-S1-ZIP LE ME ME REFLADORESS Y-S1-ZIP LE ME	OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL TD BICKEL, JAMES S. 13018 FLAMINGO TERR PALM BCH GARDENS FL SD BANCROFT, EDWARD L. 5528 S.W. ANHINGA AVE. PALM CITY FL	agent and title if applicable (NAND DIRECTORS DELETE DELETE	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature required by the corporal statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinstating)	purpose of copt the appoint th	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition
GNATURF LE ME REFLADORESS Y-S1-ZIP LE ME REFLADORESS Y-S1-ZIP LE ME REFLADORESS Y-S1-ZIP LE ME REFLADORESS Y-S1-ZIP LE ME REFLADORESS	OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL TD BICKEL, JAMES S. 13018 FLAMINGO TERR PALM BCH GARDENS FL SD BANCROFT, EDWARD L. 5528 S.W. ANHINGA AVE. PALM CITY FL	agent and title if applicable (NAND DIRECTORS DELETE DELETE	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature requirements of the statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	uired when reinstating)	purpose of copt the appoint th	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition
GNATURE LE ME REFLADORESS Y-S1-ZIP LE REFLADORESS Y-S1-ZIP	OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL TD BICKEL, JAMES S. 13018 FLAMINGO TERR PALM BCH GARDENS FL SD BANCROFT, EDWARD L. 5528 S.W. ANHINGA AVE. PALM CITY FL	agent and title if applicable (NAND DIRECTORS DELETE DELETE	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature required by the corporal statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinstating)	purpose of copt the appoint th	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition
GNATURE LE ME REFLADORESS (Y-S1-ZIP LE	OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL TD BICKEL, JAMES S. 13018 FLAMINGO TERR PALM BCH GARDENS FL SD BANCROFT, EDWARD L. 5528 S.W. ANHINGA AVE. PALM CITY FL	agent and Mire If applicable (NAND DIRECTORS DELETE DELETE DELETE DELETE	tutes, the above-named cors authorized by the corporal Florida Statutes. OTE: Registered Agent signature required by the corporal statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired when reinstating)	purpose of copt the appoint th	DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition
I. Pursuant office or i agent 1 a gent	OFFICERS / PD BICKEL, PATRICIA A. 13018 FLAMINGO TERR PALM BCH GARDENS FL VD BANCROFT, LUCY M. 5528 S.W. ANHINGA AVE. PALM CITY FL TD BICKEL, JAMES S. 13018 FLAMINGO TERR PALM BCH GARDENS FL SD BANCROFT, EDWARD L. 5528 S.W. ANHINGA AVE. PALM CITY FL	agent and Mire If applicable (NAND DIRECTORS DELETE DELETE DELETE DELETE	tutes, the above-named cors authorized by the corpora Florida Statutes. OTE Registered Agent signature required by the corpora 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	uired when reinstating)	purpose of copt the appoint th	DIRECTOR Change Change Change Change	

SIGNATURE:

13/97 511-283-2152 Daytime Phone #