


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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M31603** (7)

1. Corporation Name
WORLD OMNI LEASE FUNDING, INC.

Principal Place of Business
**120 N.W. 12TH AVENUE
DEERFIELD BEACH FL 33442**

Mailing Address
**120 N.W. 12TH AVENUE
TAX DEPT
DEERFIELD BEACH FL 33442
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 111 NW 12th Avenue		05/06/1986	
22 City & State		27 Deerfield Beach, FL		4. FEI Number	
23 Zip		29 33442		59-2690931	
24 Country		30		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Director
NAME	MORAN, PATRICIA	1.2 NAME	Patricia Moran
STREET ADDRESS	100 NW 12TH AVE.	1.3 STREET ADDRESS	100 NW 12th Avenue
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	NAME	2.1 TITLE	
NAME	DPAS	2.2 NAME	
STREET ADDRESS	RICH, LAWRENCE S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	100 NW 12TH AVENUE	2.4 CITY-ST-ZIP	
	DEERFIELD BEACH FL		
TITLE	NAME	3.1 TITLE	
NAME	P	3.2 NAME	
STREET ADDRESS	SMITH, DARYL	3.3 STREET ADDRESS	
CITY-ST-ZIP	100 N.W. 12TH AVE.	3.4 CITY-ST-ZIP	
	DEERFIELD BEACH FL 33442		
TITLE	NAME	4.1 TITLE	
NAME	T	4.2 NAME	
STREET ADDRESS	ALLEN, A. TUCKER	4.3 STREET ADDRESS	
CITY-ST-ZIP	100 NW 12TH AVENUE	4.4 CITY-ST-ZIP	
	DEERFIELD BEACH FL		
TITLE	NAME	5.1 TITLE	
NAME	T	5.2 NAME	
STREET ADDRESS	ALLEN, A. TUCKER	5.3 STREET ADDRESS	
CITY-ST-ZIP	100 NW 12TH AVENUE	5.4 CITY-ST-ZIP	
	DEERFIELD BEACH FL		
TITLE	NAME	6.1 TITLE	
NAME	S	6.2 NAME	
STREET ADDRESS	WHELAN, JOHN J	6.3 STREET ADDRESS	
CITY-ST-ZIP	100 NW 12TH AVENUE	6.4 CITY-ST-ZIP	
	DEERFIELD BEACH FL		

14. I 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 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:

John J. Whelan

3/19/98

954-429-2010

CR2E034 (10/97)