


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N47213 1. Entity Name FLORIDA ASSOCIATION OF EQUIPMENT LESSORS, INC.	
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Principal Place of Business ONE TAMPA CITY CENTER STE. 1800 TAMPA, FL 33602 US	Mailing Address 5600 BROKEN SOUND BOULEVARD ATTN: TAX DEPT. BOCA RATON, FL 33487 US
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04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3108618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HEALY, DONNA 5600 BROKEN SOUND BOULEVARD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TECIA, NANCY ONE TAMPA CITY CTR STE 1800 TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HIMMELBERSER, KIRK 420 W. BOYNTON BEACH BLVD. #203 BOYNTON BEACH, FL 33425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000139930
 04/29/04-80116-020 61.25

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: 4/27/04 Daytime Phone #: 561-997-3264