

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 11 PM 2:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P25077 (9)

1. Corporation Name
ETC LEASING INC.

Principal Place of Business Mailing Address
**4650 62ND AVE. NORTH
PINELLAS PARK FL 34665** **4650 62ND AVE. NORTH
PINELLAS PARK FL 34665**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/06/1989 **04/01/1994**

2. Principal Place of Business		2b. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-2956067		Not Applicable	
22		27		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKINSON, EDWIN W.	1.2 NAME	
STREET ADDRESS	4650 62ND AVE NO	1.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	1.4 CITY - ST - ZIP	ZIP=34665
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREHBIEL, JOHN H.	2.2 NAME	
STREET ADDRESS	2222 WELLINGTON CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LISLE IL	2.4 CITY - ST - ZIP	ZIP=60532
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, LOUIS A.	3.2 NAME	
STREET ADDRESS	2222 WELLINGTON CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LISLE IL	3.4 CITY - ST - ZIP	ZIP=60532
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO, WILLIAM G	4.2 NAME	
STREET ADDRESS	4630 62ND AVE NO	4.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	4.4 CITY - ST - ZIP	ZIP=34665
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREHBIEL, FREDERICK A.	5.2 NAME	
STREET ADDRESS	2222 WELLINGTON CT.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LISLE IL	5.4 CITY - ST - ZIP	ZIP=60532
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIESER, RAYMOND C.	6.2 NAME	
STREET ADDRESS	2222 WELLINGTON CT.	6.3 STREET ADDRESS	
CITY - ST - ZIP	LISLE IL	6.4 CITY - ST - ZIP	ZIP=60532

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, of an attachment with an address.

SIGNATURE: _____ **William G. Otto** 3-24-95 (813)521-2700 ext 222