

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

FILED

Apr 02 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 # P25077

(9)

1. Corporation Name  
ETC LEASING INC.



Principal Place of Business 4650 62ND AVE. NORTH PINELLAS PARK FL 34665	Mailing Address 4650 62ND AVE. NORTH PINELLAS PARK FL 33781-5944
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1989	3a. Date of Last Report 04/16/1996
21		26		4. FEI Number 59-2956067	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33781	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	FL

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PARKINSON, EDWIN W.			1.2 NAME	Christein, D.K.		
STREET ADDRESS	4650 62ND AVE NO			1.3 STREET ADDRESS	4650 62nd Ave N		
CITY-ST-ZIP	PINELLAS PARK FL			1.4 CITY-ST-ZIP	Pinellas Park, FL 33781		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input 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			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input 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			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input 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			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	VD	<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			
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input 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			

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 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:  2/12/97 (813) 521-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)