

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

FILED

**Apr 02 1997 8:00am
Secretary of State**

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| 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.



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

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|--|--|---|--|
| 3. Date Incorporated or Qualified 07/06/1989 | | 3a. Date of Last Report 04/16/1996 | |
| 2. Principal Place of Business | | 4. FEI Number 59-2956067 | |
| 2a. Mailing Address | | Applied For Not Applicable | |
| 21. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23. City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24. Zip 33781 | | 29. Zip | |
| 25. Country | | 30. Country | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 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 | | | |
| | | | | b5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---|---|--------------------|---|--|
| TITLE | PD PARKINSON, EDWIN W. 4650 62ND AVE NO PINELLAS PARK FL | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD Christein, D.K. 4650 62nd Ave N Pinellas Park, FL 33781 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VD KREHBIEL, JOHN H. 2222 WELLINGTON CT. LISLE IL | <input type="checkbox"/> DELETE | 1.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | S HECHT, LOUIS A. 2222 WELLINGTON CT. LISLE IL | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | T OTTO, WILLIAM G 4630 62ND AVE NO PINELLAS PARK FL | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D KREHBIEL, FREDERICK A. 2222 WELLINGTON CT. LISLE IL | <input type="checkbox"/> DELETE | 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V WIESER, RAYMOND C. 2222 WELLINGTON CT. LISLE IL | <input checked="" type="checkbox"/> DELETE | 2.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | |
| TITLE | | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | | 5.1 TITLE | | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 appointment with an address.

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

CR2E034 (9/96)