FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:39

DOCUMENT # P92000014228 (0)

1. Corporation Name
DON L. LEASING GROUP CM, INC.

Principal Place of Business
3250 NW 23 AVE
SUITE 0-100
POMPANO BEACH FL 33069

Mailing Address
3250 NW 23 AVE
SUITE 0-100
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1992
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0375860 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes ☐ No

9. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1 1 TITLE	☐ Change ☐ Addition
NAME	COHEN, STEPHEN	1 2 NAME	
STREET ADDRESS	3250 NW 23 AVE., #0-100	1 3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1 4 CITY-ST-ZIP	
TITLE	DVPS	2 1 TITLE	☐ Change ☐ Addition
NAME	LOITERSTEIN, MAX	2 2 NAME	
STREET ADDRESS	3250 NW 23 AVE., 0-100	2 3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	LOITERSTEIN, MYRNA	3 2 NAME	
STREET ADDRESS	3250 NW 23 AVE., 0-100	3 3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95 Date (305) 968-7900 Daytime Phone #

0112071 CP