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 23 PM 3:12

DOCUMENT # **P93000001017 (1)**

1. Corporation Name
ME EQUIPMENT LEASING CORP.

Principal Place of Business
385 ENTERPRISE STREET
OCOEE FL 34761-3001

Mailing Address
385 ENTERPRISE STREET
OCOEE FL 34761-3001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1993
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 1029
Suite, Apt #, etc.
27
City & State
28 Ocoee, FL.
Zip 29 34761 Country 30 USA

4. FEI Number: 59-3163081 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $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
EVANS, MICHAEL
385 ENTERPRISE STREET
OCOEE FL 34761-3001

10. Name and Address of New Registered Agent
81 Name: Michael Evans
82 Street Address (P.O. Box Number is Not Acceptable): 949 Oak Point Circle
83
84 City: Apopka FL 85 Zip Code: 32712

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: Michael Evans — 2/17/95
(Signature of Person Named in Paragraph 9 or Paragraph 10 Above) (Date) (Registered Agent Signature Required Only When Indicated)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EVANS, MICHAEL
STREET ADDRESS	385 ENTERPRISE STREET
CITY, ST, ZIP	OCOEE FL 34761-3001
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

11. TITLE	D [X] Change [ ] Addition
12. NAME	Michael Evans
13. STREET ADDRESS	949 Oak Point Circle
14. CITY, ST, ZIP	Apopka, FL 32712
21. TITLE	[ ] Change [ ] Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	[ ] Change [ ] Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	[ ] Change [ ] Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	[ ] Change [ ] Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	[ ] Change [ ] Addition
62. NAME	
63. STREET ADDRESS	
64. 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 be the same as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Michael H. Evans — 1/30/95 — 407-877-8266
SIGNATURE AND TYPED OR PRINTED NAME OF MONIES OF FICER OR DIRECTOR

0377321 CP