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May 06 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 # P93000003362 (9)

1. Corporation Name
AMERICAN FIRST EQUIPMENT LEASING, INC.

Principal Place of Business	Mailing Address
2737 ENTERPRISE RD.E SUITE 111 CLEARWATER FL 34619 US	PO BOX 15626 CLEARWATER FL 34629-5626 US

3. Date Incorporated or Qualified: 01/11/1993
3a. Date of Last Report: 03/18/1996
4. FEI Number: 59-3161982 ☐ 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 ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1520 San Charles Dr.	26 1520 San Charles Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Dunedin, FL	City & State 28 Dunedin, FL
Zip 24 34698 Country 25 USA	Zip 29 34698 Country 30 USA

9. Name and Address of Current Registered Agent
SALMON, EDWIN B JR
2737 ENTERPRISE RD, E
#111
CLEARWATER FL 34619

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	SALMON, EDWIN B JR		1.2 NAME		
STREET ADDRESS	2737 ENTERPRISE RD., E #111		1.3 STREET ADDRESS	1520 San Charles Dr.	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	D, Pres.	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	SALMON, DAVID E.		2.2 NAME		
STREET ADDRESS	2737 ENTERPRISE RD. E., #111		2.3 STREET ADDRESS	1520 San Charles Dr.	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	Sec.	☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	Cesar Muniz		3.2 NAME		
STREET ADDRESS	1520 San Charles Dr.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Dunedin, FL 34698		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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: Edwin B. Salmon, Jr. 4-24-97 813-786-9387

CR2E034 (9/96)