

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000003362 (9)

1. Corporation Name

AMERICAN FIRST EQUIPMENT LEASING, INC.

Principal Place of Business

Mailing Address

1520 SAN CHARLES DRIVE
DUNEDIN FL 34698
US

1520 SAN CHARLES DRIVE
DUNEDIN FL 34698
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 35111 US Hwy 19 N#		26 Same		01/11/1993	
22 Suite, Apt. #, etc. 205		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State Palm Harbor FL		28 City & State		50-8164982 74-2775578	
24 Zip 34684		29 Zip		Applied For	
25 Country Pinellas		30 Country		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
SALMON, EDWIN B JR 2737 ENTERPRISE RD, E #111 CLEARWATER FL 34619		81 Name David E. Salmon		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing	
		35111 US Hwy 19 N# #205		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		83		7. This corporation owes or has paid the current year Intangible	
		84 City Palm Harbor FL		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		85 Zip Code 34684			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALMON, EDWIN B JR
2737 ENTERPRISE RD, E
#111
CLEARWATER FL 34619

81 Name David E. Salmon
82 Street Address (P.O. Box Number is Not Acceptable)
35111 US Hwy 19 N# #205
83
84 City Palm Harbor FL

85 Zip Code 34684

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 *David E. Salmon* *David E. Salmon* 4-27-98
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALMON, EDWIN B JR	1.2 NAME	
STREET ADDRESS	1520 SAN CHARLES DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALMON, DAVID E.	2.2 NAME	DAVID E. SALMON
STREET ADDRESS	1520 SAN CHARLES DR	2.3 STREET ADDRESS	35111 US Hwy 19 N# #205
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	Palm Harbor FL 34684
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNIZ, CESAR	3.2 NAME	
STREET ADDRESS	1520 SAN CHARLES DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *David E. Salmon* *David E. Salmon* 4/27/98 (813) 282-8399

CR2E034 (10/97)