

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000023138 (9)

1. Corporation Name

CREATIVE LEASING INC.



Principal Place of Business

8251 15TH ST E
SUITE C
SARASOTA FL 34243

Mailing Address

8251 15TH ST E
SUITE C
SARASOTA FL 34243

2. Principal Place of Business

2a. Mailing Address

21 1410 Commerce Blvd
Suite Apt. #, etc.

26 P.O. Box 25395
Suite Apt. #, etc.

22 Suite D
City & State

27 City & State

23 Sarasota, FL
Zip Country

28 Sarasota, FL
Zip Country

24 34243 25 U.S.A.

29 34277-2345 30 U.S.A.

9. Name and Address of Current Registered Agent

CERVERA, VENANCIO
8251 15TH ST E
SUITE C
SARASOTA FL 34243

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 607.0522 and 607.1505, 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 of the person authorized to file this statement with the Department of State

Signature of the person authorized to file this statement with the Department of State

DATE

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1. TITLE
2. NAME	2. NAME
3. STREET ADDRESS	3. STREET ADDRESS
4. CITY - ST - ZIP	4. CITY - ST - ZIP
5. TITLE	5. TITLE
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY - ST - ZIP	8. CITY - ST - ZIP
9. TITLE	9. TITLE
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY - ST - ZIP	12. CITY - ST - ZIP
13. TITLE	13. TITLE
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY - ST - ZIP	16. CITY - ST - ZIP
17. TITLE	17. TITLE
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY - ST - ZIP	20. 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)(k), 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 attached sheet with an address.

SIGNATURE:

Venancio Cervera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96 (41) 957-1236
DATE TELEPHONE

CR2E034 (12/95)