

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

FILED

**May 09 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 # P93000036571 (6)

1. Corporation Name
LRM LEASING COMPANY, INC.



Principal Place of Business 1830 W. BROWARD BOULEVARD FT. LAUDERDALE FL 33312	Mailing Address 1830 W. BROWARD BOULEVARD FT. LAUDERDALE FL 33312-1550
---	--

3. Date Incorporated or Qualified 05/11/1993	3a. Date of Last Report 05/01/1996
--	--

2. Principal Place of Business 21 100 West Cypress Creek Road Suite, Apt. #, etc. 22 Suite 975 City & State 23 Ft. Lauderdale, FL Zip 24 33309	2a. Mailing Address 26 100 West Cypress Creek Road Suite, Apt. #, etc. 27 Suite 975 City & State 28 Ft. Lauderdale, FL Zip 29 33309 Country 30 U.S.A.	4. FEI Number 65-0412356 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---	---	--	---

9. Name and Address of Current Registered Agent BRAUSER, LEON 1830 W. BROWARD BLVD. FT. LAUDERDALE FL 33312	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 100 West Cypress Creek Road 83 Suite 975 84 City Ft. Lauderdale FL 85 Zip Code 33309
---	---

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 D	<input type="checkbox"/> DELETE BRAUSER, LEON 1830 W. BROWARD BLVD. FT. LAUDERDALE FL 33312	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	100 W. Cypress Creek Road., Suite 975 Ft. Lauderdale, FL 33309
TITLE D	<input type="checkbox"/> DELETE BRAUSER, MICHAEL 1830 W. BROWARD BLVD. FT. LAUDERDALE FL 33312	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	100 W. Cypress Creek Road., Suite 975 Ft. Lauderdale, FL 33309
TITLE D	<input type="checkbox"/> DELETE BRAUSER, ROBERT 1830 W. BROWARD BLVD. FT. LAUDERDALE FL 33312	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	100 West Cypress Creek Road, Suite 975 Ft. Lauderdale, FL 33309
TITLE D	<input type="checkbox"/> DELETE BRAUSER, JOEL 1830 W. BROWARD BLVD. FT. LAUDERDALE FL 33312	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	100 W. Cypress Creek Road, Suite 975 Ft. Lauderdale, FL 33309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  **4-28-97 954-493-9311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)