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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044381 (0)

AUTOMOTIVE LEASING SERVICES, INC.

FILED Apr 22 1997 8:00am Secretary of State

	HIAL BUILL BURL U		

Principal Piace	ipal Prace of Business Mailing Address			i idalisadı eta ibidə etivi bahın ansırı grave	######################################	100 1101 181	QU 18Q1 1Q41			
5606 PGA BLVD. SUITE 213 PALM BEACH GARDENS FL 33418		SUITE 213	5606 PGA BLVD.							
		THEM DENOT				3. Date Incorporated or Qualified 06/23/1993 Sa. Date of Last Report 04/19/1996				
2. Principal P	lace of Business	2a. Mailing Ad	ddress				4. FEI Number			pplied For
21		26					65-0429050			lot Applicable
Suite, Apt	#, etc.	Suite, Apt.	.#, etc.				5. Certificate of Status Desired			Additional Required
City & State	FI	27 City & Stal	te				6. Election Campaign Financing) May Be
23	·	28					Trust Fund Contribution			to Fees
Zip	Country	Zip		Countr	У		8. This corporation has liability for i		_	s. 19 9.032,
24	25	29		10					No	
	9. Name and Address of Curr	ent Registered Ager	11	61		Name	10. Name and Address of New Re	gistered A	gent	
	SSELL, DAVID E			P'	1					
	6 PGA BLVD.			82	2 3	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	te 213 M Beach Gardens FL 33418	3		83	3					
				84	4 (City	D.H.H.H.H.H.H.H.H.H.H.H.H.H.H.H.H.H.H.H		85 Zip	Code
						-	poration submits this statement for the p	FL	1 1	
12.		ND DIRECTORS		13.			red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change	
TITLE	D		DELETE	1.1 TITLE					∐ Change	L Additio
NAME	RUSSELL, ROBERT D			1.2 NAME						
STREET ADDIRESS	4227 CONRAD CIRCLE LAKEWORTH FL			1.3 STREE						
CHY-ST-ZIP TITLE	D LAKEWORIN FL		DELETE	1.4 CITY - 2.1 TITLE		ZIP			Change	Additio
NAMÉ	RUSSELL, DAVID E	<u> </u>		2.2 NAME						
STREET ADDRESS	9080 WOODLARK TERRACE			2.3 STREE	ET AD	ODRESS				
CITY-ST-2IP	BOYNTON BEACH FL 33437			2. 4 CITY	- ST -	ZIP				
TITLE		L	DELETE	3.1 TITLE					Change	L Additio
NAME				3 2 NAME						
STREET ADDRESS				3 3 STREE						
CITY ST ZIF			DELETE	3.4. C(TY 4.1 T)TLE		- 214			☐ Change	Additio
NAME				4. 2 NAM						
STREET ACTORESS				4.3 STRE	ET AC	DORESS				
CHTY+ST+7/P				4.4 CITY	- ST-	ZIP				
TITLE			DELETE	5 1 TITLE					☐ Change	Additio
NAME				5.2 NAM						
STREET ADDRESS				5.3 STRE						
CITY - ST - ZIP TITLE			DELETE	5.4 CITY 6.1 TITLE		4IF			Change	Additio
NAME		_		6.2 NAM						
STREET ADORESS				6.3 STRE	ET AL	DDRESS				
C/TY+ST-Z/P				6.4 CITY						
44 1	by antify that the information curre	lied with this filing do	ac not aualify	for the ex	vem	ntion state	d in Section 119 07(3)(i). Florida Statute	s. I further	certify that	at the

4. 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIRER OR DIRECTOR

7 969-3717 Dayline Phone #