

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -7 AM 11:28

DOCUMENT # P93000044637 (5)

1. Corporation Name  
**CENTURY LEASING CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
5725 CORPORATE WAY SUITE 103 WEST PALM BEACH FL 33407 US  
5725 CORPORATE WAY SUITE 103 WEST PALM BEACH FL 33407 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
06/21/1993 05/01/1994  
4. FEI Number Applied For  
65-0419464 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

9. Name and Address of Current Registered Agent  
BERG, MARJORIE G.  
2809 EMBASSY DRIVE  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS |                          |
|----------------------------|--------------------------|
| TITLE                      | D                        |
| NAME                       | BERG, BARRY S            |
| STREET ADDRESS             | 2809 EMBASSY DR          |
| CITY - ST - ZIP            | WEST PALM BEACH FL 33401 |
| TITLE                      | P                        |
| NAME                       | BERG, MARJORIE G.        |
| STREET ADDRESS             | 2809 EMBASSY DR.         |
| CITY - ST - ZIP            | WEST PALM BCH. FL        |
| TITLE                      | V                        |
| NAME                       | BERNSTEIN, BRUCE H.      |
| STREET ADDRESS             | 1500 PRESIDENTIAL WAY    |
| CITY - ST - ZIP            | WEST PALM BCH. FL        |
| TITLE                      |                          |
| NAME                       |                          |
| STREET ADDRESS             |                          |
| CITY - ST - ZIP            |                          |
| TITLE                      |                          |
| NAME                       |                          |
| STREET ADDRESS             |                          |
| CITY - ST - ZIP            |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | DELETE   |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY - ST - ZIP                                   |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY - ST - ZIP                                   |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY - ST - ZIP                                   |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY - ST - ZIP                                   |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY - ST - ZIP                                   |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 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 110.07(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 attachment with an address.

SIGNATURE: Marjorie G. Berg MARJORIE G. BERG 3/1/95 407-640-0300  
Signature (Typed or Printed Name of Filing Officer or Director) Date System Name #