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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE
Sandra B. Mortham
Conveners of State

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000068558 (4)

DAN MAR LEASING INC							
Principa Place o	of Business	Mailing Address			BOIEL DANN UNU I	IBIBL BIJBL	81181 1811 1881
307 BROADWA		307 BROADWAY KISSIMMEE FL 34741					
				3. Date Incorporated or Qualified 09/27/1993	3a. Date of 04 /	Last Re 17/199	•
2. Principal Place of Business		2a. Mailing Address				h	opplied For
21 307 BROADWAY		26 307 BROADWAY		59-3204184			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Additional Required	
22 City & State		[27] City & State		6. Election Campaign Financing	\$5.00 May Be		
	SIMMEE FL.	28 KISSIMM	EE Fl.	Trust Fund Contribution			I to Fees
Zip 24 34741	Country	Zip 34741	Country 30 OSCEOLA	This corporation has liability for in Florida Statutes		under s	199.032,
	9. Name and Address of Current		12-1	10. Name and Address of New R	egistered Ag	jenl	
	The second secon		81 Name				
HOBBS,			82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
307 BRO	ADWAY		**************************************				
KISSIMM	EE FL 34741		83				
			84 City		FL	85 Zip	Code
				ration submits this statement for the pur		l L	acietored offic
or registere	ed agent, or both, in the State of Florid n, and accept the obligations of, Section	ia. Such change was authoriz	red by the corporation's boa	rd of directors. Thereby accept the app	bintment as ré	gislered	agent. I am
SIGNATURE:	Bignature: typed or printed number of registered agent is	and title if applicable (NO	OTE: Registered Agent's gnature require	od when reinstahing)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF			RS IN 12
TITLE	D	[] DELETE	1. 1 TALE			Change	Addition
NAME	HOBBS, DANA J		1.2 NAME				
STREET ADDRESS	307 BROADWAY		1.3 STREET ADDRESS				
CITY - ST - ZIP	KISSIMMEE FL 34741	Property and	1.4 CITY - S1 - ZIP			Changs	ET Addition
TITLE		[]] DELETE	2. 1 TITLE		il	Change	[]] Addition
NAME		•	2.2 NAME				
STREE1 ADDRESS			2.3 STREET ADDRESS				
CITY-S1-ZIP	management and their Management and the control of	[] DELETE	24 CHY-\$1-ZIP 3 1 THUE			Change	Addition
TITLE		E-1 occure	3.2 NAME		LJ		-
NAME CIDEET ANNUESC			3.3 STREET ADDRESS	•			
STREET ADDRESS CITY+ST-ZIP			3.4 CITY-\$1-ZIP				
THILE		[] DELETE	4. 1 TITLE			Change	Addition
NAME			4.2 NAME				
\$TREET ADORESS			4.3 STREET ADDRESS				
CITY-ST-2IP			4.4 CITY+ST+ZIP				
TITLE		[] DELFIE	5 1 THLE			Change	☐ Addition
NAME			5.2 NAME				
\$1REET ADDRESS			5.3 STREET ADDRESS				
CITY-S1-7/P			54 CHY-ST-ZIP				
THLE		[]] DELETE	6 1 TITLE			Change	Addition Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP	L		6 4 CITY - ST - ZIP	entre of a converse transfer of the	OZZOWA EL T	do Os-s	lan 16 miliar
certify that oath: that l		ual report or supplemental an oration or the receiver or trust	huai report is true and accur se empowered to execute th	for the exemption stated in Section 119 ate and that my signature shall have the iis report as required by Chapter 607, F			

SIGNATURE: [

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30 · 94

407-846-2212

Daytime Phone #