

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 # P93000076160 (9)

1. Corporation Name

NATIONAL CREDIT LEASING SERVICES, INC.



Principal Place of Business

100 E. LINTON BLVD.
SUITE 303A
DELRAY BEACH FL 33483

Mailing Address

100 E. LINTON BLVD.
SUITE 303A
DELRAY BEACH FL 33483

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

9. Name and Address of Current Registered Agent

CORVINO, CATHERINE
100 E. LINTON BLVD.
SUITE 303A
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified

11/03/1993

3a. Date of Last Report

01/31/1995

4. FEI Number

11-2981455

Applied For

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

10. Name and Address of New Registered Agent

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 607.05(2) 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

Signature type to provide notice of change of agent and office address.

(NOTE: Registered Agent signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
P	CORVINO, CATHERINE	3577 CAPTAINS WALK	DELRAY BEACH FL	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	☐ Change	☐ Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td>	2.4 CITY-STATE-ZIP <td>☐ Change</td> <td>☐ Addition</td>	☐ Change	☐ Addition
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td></td>	3.3 STREET ADDRESS <td>3.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td>	3.4 CITY-STATE-ZIP <td>☐ Change</td> <td>☐ Addition</td>	☐ Change	☐ Addition
4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td>	4.4 CITY-STATE-ZIP <td>☐ Change</td> <td>☐ Addition</td>	☐ Change	☐ Addition
5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td></td></td>	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td></td>	5.3 STREET ADDRESS <td>5.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td>	5.4 CITY-STATE-ZIP <td>☐ Change</td> <td>☐ Addition</td>	☐ Change	☐ Addition
6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY-STATE-ZIP<td>☐ Change</td><td>☐ Addition</td></td>	6.4 CITY-STATE-ZIP <td>☐ Change</td> <td>☐ Addition</td>	☐ Change	☐ Addition

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E034 (12/95)