
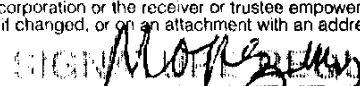


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 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 # P94000011004 (6) 1. Corporation Name TRIPLE C LEASING, INC.			
Principal Place of Business 1919 S FEDERAL HWY BOYNTON BEACH FL 33435 US		Mailing Address 1919 FEDERAL HWY BOYNTON BEACH FL 33435 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent MENKHAUS, DAVID J 4800 N. FEDERAL HWY SUITE 210-A BOCA RATON FL 33431		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 agent 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 reappointing) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORLAW, JAMES	1.2 NAME	Enrique Lopez-Moscoco
STREET ADDRESS	2828 S SEACREST BLVD 102	1.3 STREET ADDRESS	1300 Park of Commerce Blvd., #101
CITY - ST - ZIP	BOYNTON BEACH FL	1.4 CITY - ST - ZIP	Delray Beach, FL 33445
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN, ZAKIR	2.2 NAME	
STREET ADDRESS	2475 41ST ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, NELSON F.H.	3.2 NAME	
STREET ADDRESS	4855 HUNTERS WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, KENNETH	4.2 NAME	Gregory S. Weatherford
STREET ADDRESS	1325 S CONGRESS AVENUE 208	4.3 STREET ADDRESS	2609 Woolbright Rd., #1
CITY - ST - ZIP	BOYNTON BEACH FL	4.4 CITY - ST - ZIP	Boynton Beach, FL 33436
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERER, CHARLES	5.2 NAME	
STREET ADDRESS	6825 SKYLINE DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNES, JAMES	6.2 NAME	
STREET ADDRESS	245 S COUNTRY CLUB BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	6.4 CITY - ST - ZIP	
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: 		F. H. Nelson Lopez President 4/8/97 (561) 734-4535	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)