FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014049 (8)

1. Corporation Name

B C LEASING, INC.

Principal Place of Business	Mailing Address
7448 S FEDERAL HWY HYPOLUXO FL 33462	7448 S FEDERAL HWY HYPOLUXO FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0479153	☐ Applied For ☐ Not Applicable
21	26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	8. This corporation's tax liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
Zip 24 / Country 25	Zip 29 / Country 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERMAN, LEO 7848 S FEDERAL HWY HYPOLUXO FL 33462	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 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BERMAN, LEO	NAME	
STREET ADDRESS	7448 S FEDERAL HWY	STREET ADDRESS	
CITY-ST-ZIP	HYPOLUXO FL 33462	CITY-ST-ZIP	
TITLE		TITLE	President ☐ Change ☒ Addition
NAME		NAME	Sharyn Berman
STREET ADDRESS		STREET ADDRESS	2758 Rhone Drive
CITY-ST-ZIP		CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 Date (407) 588-5911 Daytime Phone

0271074 CP