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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014828 (5)

ASPEN LEASING CORPORATION

Principal Place of Business Mailing Address

28555 STATE RD. 54 WEST 28555 STATE RD
WESLEY CHAREL EL 33541 WESLEY CHAREL

FILED Mar 03 1997 8:00am Secretary of State



28555 STATE WESLEY CHA	RD. 54 WEST PEL FL 33543	26555 STATE RD. 54 WE WESLEY CHAPEL FL 335					
					3. Date Incorporated or Qualified 02/21/1994	3a. Date of Lest 02/01/1996	•
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	· / / / / / / / / / / / / / / / / / / /	Applied For
21		26			65-0465639	7	Not Applicable
Suite, Apt. #. etc.		Suite, Apt. #, etc.	⊢ ¬ '''		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.0	O May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country Zip		Countr	у	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30						
.	9. Name and Address of Cu	urrent Registered Agent			10. Name and Address of New Re	gistered Agent	
FR	ANK, JOSEPH E ESQ		81	Name			
205 S. DALE MABRY				82 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33609				83			····
i			<u> </u>				
			84	City	•	FL 85 Zi	p Code
11 Pursuant	to the provisions of Sections 60	7 0502 and 607 1508, Florida Statu	lee the abov	e-named cor	rogration submits this statement for the r		te registered
office or agent. I a	registered agent, or both, in the tannifamiliar with, and a peop the c	State of Florids, Such change was phlications of, Section 607,0505, Fr	authorized b orida Statute	y the corpora is.	poration submits this statement for the patients between acceptation's board of directors. I hereby accept	ot the appointment a	as registered
SIGNATOR	Since a transfer role or the role of market	ed agent ai dittile if applicat (NO	E. Stored &	ant cinosture ren	(ited when reinstating)	DATE	
12.	OFFICERS	S AND DIRECTORS	13.	on a grand o rade	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
Tille	D	DELETE	1.1 TITLE			Change	
NAME	HOPKINS, DWIGHT		1,2 NAME				
STREET ADDRESS	28555 STATE RD. 54 WE	et.		T ADDRESS			
	WESLEY CHAPEL FL 335						
CITY-SI-7IP TITLE	D	DELETE	1.4 CITY- 2.1 TITLE	SI-ZIP		☐ Change	e
	ARNEY, RUSSELL					L_1 onengo	,
NAME	28555 STATE RD. 54 WES	eT.	2.2 NAME				
STREET ADDRESS	WESLEY CHAPEL FL 335			T ADDRESS		et .	
CITY-ST-ZIP	WESLET CHAPEL PL 335	DELETE	2 4 CITY	ST-ZIP		☐ Change	e
TITLE		L DECENE	31 TITLE			Change	a L Audillor
NAME			3 2 NAME	ľ			
STREET ADDRESS	i		3.3 STREE	T ADORESS			
CITY-ST-ZIP			3.4. CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	e Addition
NAME			4. 2 NAMI				
STREET ADDRESS			4.3 STREE	T ADDRESS			
Dity-St-ZiP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	e 🔲 Addition
NAME			5.2 NAME]			
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY - \$1-ZIP			5.4 CiTY-	ST-ZIP			
TITLE		DELETE	6.1 TATLE			Change	e Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-70			6.4 CITY-				
			3.7 0.71		 , , , , , , , , , , , , , , , , 		

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 changes, or on an attachment with an address.

SIGNATURE

URE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR THE PRINTED HAVE DO SIGNING OFFICER OFFICER OF DIRECTOR THE PRINTED HAVE DO SIGNING OFFICER OFFICE

17 813-973-4191