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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000014828 (5)

## ASPEN LEASING CORPORATION

## **FILED** Feb 11 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			i ishil diddi idilə sibbi idilə sael
Principal Place of Business Mailing Address  28555 STATE RD. 54 WEST 28555 STATE RD. 54 WEST WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543			_		
WESLET CHAP	EL FL 33343	WESLET CHAFEL TE 55545		DO NOT WRITE IN T	HIS SPACE
[				3. Date Incorporated or Qualified	
				02/21/1994	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0465639	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		[27]	,		Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	· <del></del>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30]	Personal Property Tax due June 30.  10. Name and Address of New Registe	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Maille and Address of New Neglete	160 Agent
FRA	NK, Joseph e esq		OI Name		
205	S. DALE MABRY		82 Street Ac	dress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33609			83		
			83		
			84 City		85 Zip Code
					FL S Produc
11, Pursuant I	to the provisions of Sections 607 050	2 and 607,1508, Florida Statute: of Florida, Such change was au	s, the above-named cou	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statutes.		,,
SIGNATURE	b				
	Signature, typed or printed name of registered rige		Registered Agent signature re	qui de man compresa e	ALIC DIDECTORS IN 40
12.	OFFICERS ANI	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D	L. DECERE	1.1 TITLE		Origings Automort
NAME	HOPKINS, DWIGHT		1.2 NAME		
STREET ADDRESS	28555 STATE RD. 54 WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	D	€ Deter	2.1 TITLE	•	Change Position
NAME	ARNEY, RUSSELL		2.2 NAME		
STREET ADDRESS	28555 STATE RD. 54 WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	Distre	2 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Dr) CTC	3.4. CITY-ST-ZIP		Change Addition
TITLE		DELETE	4.1 TITLE		C Cuantic C variation
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP			6.4 CITY - ST - ZIP		

14. I 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.

DWIGHT HOPKINS

(813)973-4191