

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000015039 (8)

1. Corporation Name

AUTOLEX LEASING, INC.

Principal Place of Business

**100 N.W. 12TH AVE.
DEERFIELD BEACH FL 33442**

Mailing Address

**100 N.W. 12TH AVE.
DEERFIELD BEACH FL 33442**

**APPROVED
AND
FILED**

95 MAY -1 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REMITTED BY MAY 1
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/24/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0469544

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 607.0502 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, typed or printed name of registered agent and title of agentuation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORAN, PATRICIA G
STREET ADDRESS	100 N.W. 12TH AVE.
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	D
NAME	RICH, LAWRENCE S
STREET ADDRESS	100 N.W. 12TH AVE.
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	D
NAME	CZUBAY, KENNETH M
STREET ADDRESS	100 N.W. 12TH AVE.
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	EVIC
NAME	BROWN, COLIN
STREET ADDRESS	100 N.W. 12TH AVE
CITY - ST - ZIP	Deerfield Beach FL
TITLE	S
NAME	WHELAN, JOHN J
STREET ADDRESS	100 N.W. 12TH AVE
CITY - ST - ZIP	Deerfield Beach FL
TITLE	T/AS
NAME	Gunnell, CASEY L.
STREET ADDRESS	100 N.W. 12TH AVE
CITY - ST - ZIP	Deerfield Beach FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 as an attorney with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

JOHN J WHELAN

SECRETARY, 4/25/95 305-420-4585

(Typed Name)

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AUTOLEX LEASING, INC.

1995 FLORIDA CORPORATION ANNUAL REPORT

KEY TO ADDITIONAL SYMBOLS USED:

EV = EXECUTIVE VICE PRESIDENT

GC = GENERAL COUNSEL

AS = ASSISTANT SECRETARY