

FILE NOW: FILING FEE AFTER MAY 1 IS \$

FILED
Jun 10 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 #P94000031221

1. Corporation Name

Lease-Con Intrastate Brokerage, Inc.

Principal Place of Business	Mailing Address
2207 West Taft Vineland Rd. Orlando, Florida 32824	P.O. Box 593059 Orlando, Florida 32859

3. Date Incorporated or Qualified April 21, 1994	3a. Date of Last Report May 3, 1996
--	---

2. Principal Place of Business	2a. Mailing Address	4. FSI Number 59-3264069	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	Country	Country
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

Kathy Abeel
207 West Taft Vineland Road
Orlando Florida 32824

10. Name and Address of New Registered Agent

81 Name Theodore Crenshaw
82 Street Address (P.O. Box Number is Not Acceptable) 1609 Littlefalls Circle
83 Orlando, Florida 32807
84 City Orlando
85 Zip Code FL 32807

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: *Theodore Crenshaw* **Theodore Crenshaw** **June 3, 1997**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director	12 NAME	Director/President
STREET ADDRESS	1609 Littlefalls Circle	13 STREET ADDRESS	13015 Broughton Way
CITY-ST-ZIP	Orlando, Florida 32807	14 CITY-ST-ZIP	Austin Texas 78727
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President/Managing Director	22 NAME	Vice President
STREET ADDRESS	Kathy Abeel	23 STREET ADDRESS	Michael Crenshaw
CITY-ST-ZIP	646 Floridian Drive	24 CITY-ST-ZIP	22 Tanglewood Drive 110241
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kissimmee, Florida 34758	32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Michael Crenshaw* **Michael Crenshaw**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 June 3, 1997 (407)- 240-

Date

Day: no Phone # 1377

CR2E034 (9/96)