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 APR 24 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000055586 (9)**

1. Corporation Name
UNITED STATES LEASING CO.

Principal Place of Business	Mailing Address
5854 SOUTH FLAMINGO ROAD COOPER CITY FL 33330	5854 SOUTH FLAMINGO ROAD COOPER CITY FL 33330

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report: 3/16/94

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0522405 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KALIS, NEAL R ESQ.
7320 GRIFFIN ROAD
SUITE 109
COOPER CITY FL 33314

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GAINES, JOANNE	1.2 NAME	
STREET ADDRESS	5854 SOUTH FLAMINGO ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33330	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	STARK, DAVID P	2.2 NAME	
STREET ADDRESS	5854 SOUTH FLAMINGO ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33330	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KOENIG, PAUL	3.2 NAME	
STREET ADDRESS	9000 SHERIDAN STREET, SUITE 130	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HEYDER, KENNETH	4.2 NAME	
STREET ADDRESS	10081 PINES BLVD., SUITE E	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: J. David R. Stoll 4/19/95 (305) 434-7600
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0236811 CP