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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

2. Principal Place of Business

21

P94000055586 (9)

2a. Mailing Address

1. Corporation Name	" \ - /
UNITED STATES LEASING (20.
Principal Place of Business	Ma∉ing Arldress
5854 SOUTH FLAMINGO ROAD COOPER CITY FL 33330	5854 SOUTH FLAMINGO ROAD COOPER CITY FL 33330

26

l	
	ı
ļ	
ļ	١
ľ	ľ
	ı
	i
	l
İ	
į	I
l	ı
	ļ
	ľ
ı	
	۱
ļ	ŀ
	H
	ı
ľ	l
	ı
I	
ļ	i
	I
ļ	
ļ	I
	l
	ı
ı	ı
I	
l	١
Ì	ł
	l

3a. Date of Last Report

04/24/1995

Applied For

Not Applicable

3. Date Incorporated or Qualified

07/25/1994

4. FEI Number 65-0522405

	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	-	. 75 Additional see Required	
lity & State	2	City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
ήρ 	Country 25 2	Zip 9	Country 30	This corporation has liability for intangible Florida Statutes		ers 199.032,	
	9. Name and Address of Current Re	gistered Agent		Name and Address of New Register	ed Agent		
			81 Name	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			
	NEAL R ESQ.		82 Street Ac				
	RIFFIN ROAD						
SUITE 1			83				
COOPER CITY FL 33314				84 City 85 Zip Code			
			Oily City	F	EL 85	Zip Code	
NATURE	th, and accept the obligations of, Section 66 signature, typid of participant of registered again and to	milapplatin. (NO	Tt.: Registered Agent signature requ				
	OFFICERS AND DIF		13.	ADDITIONS/CHANGES TO OFFICERS A		<u></u>	
	D CARRED TO ANNIE	DELETE	1. 1 THILE		☐ Char	nge 🔲 Additi	
	GAINES, JOANNE		1.2 NAME				
LADORESS	5854 SOUTH FLAMINGO ROAD		1.3 STREET ADDRESS				
51-76	COOPER CITY FL 33330		1.4 CITY - ST - ZIP				
	D D	DELETE	2 1 TITLE		☐ Char	nge 🔲 Addili	
	STARK, DAVID P 5854 SOUTH FLAMINGO ROAD		2 2 NAME				
LADDRESS			2 3 STREET ADDRESS				
	COOPED OFF EL ANAMA						
\$1 - 201	COOPER CITY FL 33330	E Octobra	2 4 CHTY-ST-ZIP				
ST-ZIF	D	DELETE	3 1 TITLE		☐ Char	nge Addit	
	D KOENIG, PAUL		3 1 TITLE 32 NAME		☐ Char	nge Addit	
L ADDRESS	D Koenig, Paul 9000 Sheridan Street, Suite		3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS		☐ Char	nge 🗌 Addit	
L ADDRESS	D KOENIG, PAUL	130	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP			_	
LADDRESS	D KOENIG, PAUL 9000 SHERIDAN STREET, SUITE PEMBROKE PINES FL 33024 D		3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE		☐ Char	_	
LADDRESS ST-ZIP	D KOENIG, PAUL 9000 SHERIDAN STREET, SUITE PEMBROKE PINES FL 33024 D HEYDER, KENNETH	130	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4.2 NAME				
LADDRESS ST-ZIP LADDRESS	D KOENIG, PAUL 9000 SHERIDAN STREET, SUITE PEMBROKE PINES FL 33024 D HEYDER, KENNETH 10081 PINES BLVD., SUITE E	130	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS				
LADDRESS ST-ZIP LADDRESS	D KOENIG, PAUL 9000 SHERIDAN STREET, SUITE PEMBROKE PINES FL 33024 D HEYDER, KENNETH	130	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHTY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.4 CHTY-ST-ZIP		Char	nge 🗌 Addili	
LADDRESS ST-ZIP LADDRESS	D KOENIG, PAUL 9000 SHERIDAN STREET, SUITE PEMBROKE PINES FL 33024 D HEYDER, KENNETH 10081 PINES BLVD., SUITE E	130	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE			nge 🗌 Addili	
ST-ZIP LADORESS ST-ZIP LADORESS ST-ZIP	D KOENIG, PAUL 9000 SHERIDAN STREET, SUITE PEMBROKE PINES FL 33024 D HEYDER, KENNETH 10081 PINES BLVD., SUITE E	130	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME		Char	nge 🗌 Addili	
ELADORESS LADORESS LADORESS LADORESS	D KOENIG, PAUL 9000 SHERIDAN STREET, SUITE PEMBROKE PINES FL 33024 D HEYDER, KENNETH 10081 PINES BLVD., SUITE E	130	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5 2 NAME 5 3 STREET ADDRESS		Char	nge 🗌 Addili	
LADORESS ST-ZIP LADORESS ST-ZIP LADORESS	D KOENIG, PAUL 9000 SHERIDAN STREET, SUITE PEMBROKE PINES FL 33024 D HEYDER, KENNETH 10081 PINES BLVD., SUITE E	130	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME		☐ Char	nge ∐ Addili nge ∐ Addili	
LADORESS ST-ZIP LADORESS ST-ZIP LADORESS ST-ZIP LADORESS ST-ZIP	D KOENIG, PAUL 9000 SHERIDAN STREET, SUITE PEMBROKE PINES FL 33024 D HEYDER, KENNETH 10081 PINES BLVD., SUITE E	DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 THLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY-ST-ZIP		Char	nge ∐ Addili nge ∐ Addili	
LADORESS ST-ZIP LADORESS ST-ZIP	D KOENIG, PAUL 9000 SHERIDAN STREET, SUITE PEMBROKE PINES FL 33024 D HEYDER, KENNETH 10081 PINES BLVD., SUITE E	DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6.1 TITLE		☐ Char	nge ∐ Addili nge ∐ Addili	

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)(k), Florida Statutes. I further certify that the information inclosed on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (954)434-7600