FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000074897 (7)

1. Corporation Name

CAPITAL LEASING, INC.

Principal Place of Business	Mailing Address
~~1510 SE 17TH~~ STREET CAUSEWAY	~~1510~~ SE 17TH STREET CAUSEWAY
~~SUITE 300~~	~~SUITE 300~~
FT. ~~LAUDERDALE FL 33316~~	~~FT. LAUDERDALE FL 33316~~

2. Principal Place of Business	2a. Mailing Address
21 709 Severs Landing	26 709 Severs Landing
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Palm Harbor FL.	28 City & State: Palm Harbor Fl.
24 Zip: 34683 / 25 Country: Pinellas	29 Zip: 34683 / 30 Country: Pinellas

3. Date Incorporated or Qualified: **10/12/1994**
3a. Date of Last Report: **01/17/1995**
4. FEI Number: **65-0527388** ☐ 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

LYNCH, WALDO K
5000 N.W. 81ST AVENUE
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name: Same - No Change
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] Waldo K. Lynch 1-22-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	LYNCH, WALDO K	
STREET ADDRESS	5000 N.W. 81ST AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	☒ Change ☒ Addition
1.2 NAME	Lynch, Waldo K.	
1.3 STREET ADDRESS	709 Severs Landing	
1.4 CITY-ST-ZIP	Palm Harbor Fl. 34683	
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		

700001890087
-07/10/96--01093--043
***225.00

CR2E034 (12/95)

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 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: [signature] 1-22-96 813-781-4585 7/10/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Waldo K. Lynch Director & President