

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 # **P94000085369 (4)**

1. Corporation Name

THREE LEASING, INC.



Principal Place of Business

Mailing Address

**2107 CHAGALL CIRCLE
WEST PALM BEACH FL 33409**

**2107 CHAGALL CIRCLE
WEST PALM BEACH FL 33409**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUGGIERO, JOHN JR
2107 CHAGALL CIRCLE
WEST PALM BEACH FL 33409 - 7527**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | CHIURAZZI, RONALD N | |
| STREET ADDRESS | 2786 COUNTRYSIDE BLVD. UNIT 3 | |
| CITY-STATE-ZIP | CLEARWATER FL 34621 | |
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | RUGGIERO, JOHN JR. | |
| STREET ADDRESS | 1801 E. LAKE ROAD BLDG. 12-1 | |
| CITY-STATE-ZIP | PALM HARBOR FL 34685 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|-------------------|---------------------------------|--|
| 1. TITLE | PRE.S. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | RONALD CHIURAZZI | |
| 13 STREET ADDRESS | 1659 BRANDYWINE RD. APT. 6113 | |
| 14 CITY-STATE-ZIP | WEST PALM BEACH, FL. 33409-2073 | |
| 2. TITLE | SECT. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | JOHN RUGGIERO JR | |
| 23 STREET ADDRESS | 2107 CHAGALL CIRCLE | |
| 24 CITY-STATE-ZIP | WEST PALM BEACH, FL. 33409-7527 | |
| 3. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-STATE-ZIP | | |
| 4. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-STATE-ZIP | | |
| 5. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-STATE-ZIP | | |
| 6. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-STATE-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)(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:

John Ruggiero JOHN RUGGIERO JR. 1-26-96 407-684-4806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)