## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**CORPORATION ANNUAL REPORT** 

1997

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

22



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400085987 (3)

WEST BOCA LEASING CORPORATION

Principal Place of Business	Mailing Address
21181 C. CLUBSIDE DRIVE	21181 C. CLUBSIDE DRIVE

28. Mailing Address

City & State

Suite, Apt. #, etc.

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27

28

## **FILED** May 16 1997 8:00am Secretary of State



6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Trust Fund Contribution Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REED, LOIS S 21181 C. CLUBSIDE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 83 84 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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		a						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12		
TITLE	PTD	□ DELETE	1.1 TITLE		☐ Change	☐ Addition		
NAME	REED, LOIS S		1.2 NAME					
STREET ADDRESS	21181 C. CLUBSIDE DRIVE		1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY- ST-ZIP					
TITLE	VSD	DELETE	2.1 TITLE		Change	Addition		
NAME	REED, RODNEY D.		2.2 NAME					
STREET ADDRESS	21181 C. CLUBSIDE DR.		2 \$ STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-ST-ZIP					
TITLE		■ DELETE	3.1 TITLE		Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.4 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY - ST - ZIP					
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME			4.  2 NAM[			1		
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CMY - ST - ZIP	_		1		
TITLE		DELETE	5.1 TITLE	\ // .	☐ Change	Addition		
NAME			5.2 NAME	V Jan	2161	1.1-		
STREET ADDRESS			5.3 STREET ADDRESS	TERRESONAL AND THE	8/01-4	4		
CITY-ST-ZIP			5.4 CHY - ST - ZIP		<u> </u>			
TITLE		DELETE	6 Î TITLE		Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			63 STREET ADDRESS					

64 CHY-S1-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 actual 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, Jorida Statutes; and that my name appears in Block 12 or Bl