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 # **P94000086178 (8)**

1. Corporation Name

J.A.I. LEASING, INC.

Principal Place of Business	Mailing Address
1330 ORANGE AVE WINTER PARK FL 32789 US	1330 ORANGE AVE WINTER PARK FL 32728 US

3. Date Incorporated or Qualified: **11/21/1994**

3a. Date of Last Report: **06/12/1995**

2. Principal Place of Business
21: 1109 Black Acre Ct. S.
22: Suite, Apt. #, etc.
23: City & State: Winter Springs, FL.
24: Zip: 32708
25: Country: USA

2a. Mailing Address
26: 1109 Black Acre Ct. S.
27: Suite, Apt. #, etc.
28: City & State: Winter Springs FL
29: Zip: 32708
30: Country: USA

4. FEI Number: **59-3280239** ☐ 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

JOHNSON, LAWRENCE D ESQ
925 S. DENNING DRIVE SUITE 4
WINTER PARK FL 32789

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	ISON, MICHAEL R		1.2 NAME	Ison, Michael R.	
STREET ADDRESS	1340 ORANGE AVE.		1.3 STREET ADDRESS	1109 Black Acre Ct. S.	
CITY-ST-ZIP	WINTER PARK FL 32728		1.4 CITY ST ZIP	Winter Springs, FL 32708	
TITLE	DVST	☐ DELETE	2.1 TITLE	DVST	☑ Change ☐ Addition
NAME	ISON, JUDITH A		2.2 NAME	Ison, Judith A.	
STREET ADDRESS	1340 ORANGE AVE.		2.3 STREET ADDRESS	1109 Black Acre Ct. S.	
CITY-ST-ZIP	WINTER PARK FL 32728		2.4 CITY ST ZIP	Winter Springs, FL 32708	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY ST ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY ST ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY ST ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY ST ZIP		

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)(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: Judith A. Ison — 4-22-96 — (407) 695-3234

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

Judith A. Ison