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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500006399 (6)

MIUNUI	n Name IECH LEASIN	G INC.								
Principal Plac	e of Business		Ma	ailing Address			T INDIPENT PER IDEAL DIRE DELLE ORIGINAL			8 HBII 1841
8509 N. BRANCH AVE. 5509 N. BRANCH AVE. TAMPA FL 33604-7003					•					
							3. Date Incorporated or Qualified 01/20/1995		e of Last R)1/1996	eport
2. Principal P	Place of Business		28. 26	Mailing Address			4. FEI Number 26-6714931		<u> </u>	oplied For of Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	е			City & State			6. Election Campaign Financing		\$5.00	May Be
3			28			·	Trust Fund Contribution		Added	to Fees
Zip		Country	 	Zip	Coun	try	8. This corporation has liability for			. 199.032,
4	25 Name and	Address of Cur	29 rent Begis	tered Agent	[30]		Florida Statutes 10. Name and Address of New Re		No	
MA						Name	200 (/	giotorou /1	gon	
VIGIL, MICHAEL A 6509 N. BRANCH AVE. TAMPA FL 33604						32 Street Add	dress (P.O. Box Number is NorAcceptat	ole)		
	NFA FL 03004				1	33				
						14 City			85 Zip (Code
						1		FL		
11. Pursuant office or I	to the provisions o	f Sections 607.0 or both, in the St	0502 and 60 ale of Floric	07.1508, Florida Sti 1a. Such change w	atutes, the aboas authorized	ve-named cor by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	ourpose of o	changing it intment as	s registered registered
agent. I a	to the provisions of registered agent, of im familiar with, an Signature, typed or print	d accept the ob	oligations of	, Section 607.0505	, Ftorida Statu	les.	rporation submits this statement for the pation's board of directors. I hereby accepance when remissing	ourpose of optithe appo	changing it intment as	s registered registered
agent. I a SIGNATURE 12.	ım familiar with, an	d accept the ob	oligations of	, Section 607.0505 if applicable (CTORS	Florida Statu	Agent signature requ		DATE CERS AND L	DIRECTOR	S IN 12
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