

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000007811 (9)

1. Corporation Name

ROYAL LEASING ENTERPRISES, INC.

Principal Place of Business

2580 N. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744

Mailing Address

2580 N. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744

FILED
97 AUG 22 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1995	3a. Date of Last Report 06/12/1996
4. FEI Number 59-3302383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 50 EXIDE CORP

Suite, Apt. #, etc.

22 645 PENN ST.

City & State

23 READING, PA

Zip

24 19601

Country

2a. Mailing Address

26 50 EXIDE CORP.

Suite, Apt. #, etc.

27 645 PENN ST.

City & State

28 READING, PA

Zip

29 19601

Country

30

9. Name and Address of Current Registered Agent

TATTOLI, DOMINICK J
5750 E. IRLO BRONSON HWY
ST. CLOUD FL 34771

10. Name and Address of New Registered Agent

81 Name
CT CORPORATION SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD

83

84 City
PLANTATION

FL

85 Zip Code
33324

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 *Ann J. Williams*

ANN J. WILLIAMS

Assistant Vice President

8/21/97

Signature, typed or printed name of registered agent and title if applicable

(Name of Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	TATTOLI, CORY C	
STREET ADDRESS	2580 N. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	TATTOLI, RICHARD V	
STREET ADDRESS	1801 PINAR CT.	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	400002276774--9	
1.4 CITY-ST-ZIP	-08/25/97--01173--007	
2.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	****550.00 ****550.00	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NOTARO, STEPHEN J.	
3.3 STREET ADDRESS	645 PENN STREET	
3.4 CITY-ST-ZIP	READING, PA 19601	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MURPHY, WILLIAM J.	
4.3 STREET ADDRESS	645 PENN STREET	
4.4 CITY-ST-ZIP	READING, PA 19601	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIASIO, JAMES M.	
5.3 STREET ADDRESS	645 PENN STREET	
5.4 CITY-ST-ZIP	READING, PA 19601	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 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 *Ann J. Williams*

9-13-97

CR2E034 (4/97)