

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000017992 (5)**

1. Corporation Name

ORLANDO LEASING SYSTEMS, INC.

Principal Place of Business

**2973 WEST STATE ROAD 434
SUITE 100
LONGWOOD FL 32779**

Mailing Address

**2973 WEST STATE ROAD 434
SUITE 100
LONGWOOD FL 32779-4415**

3. Date Incorporated or Qualified

03/03/1995

3a. Date of Last Report

09/03/1996

4. FEI Number

59-3297204

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

2. Principal Place of Business

21 2909 W. SR 434
Suite, Apt. #, etc.

22 Suite 101
City & State

23 Longwood, Florida
Zip Country

24 32779

25 Seminole

2a. Mailing Address

26 2909 W. SR 434
Suite, Apt. #, etc.

27 Suite 101
City & State

28 Longwood, Florida
Zip Country

29 32779

30 Seminole

9. Name and Address of Current Registered Agent

**MARTIN, JAMES H
2973 WEST STATE ROAD 434
SUITE 100
LONGWOOD FL 32779**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2909 W. SR 434

83 Suite 101

84 City
Longwood

85 Zip Code
FL 32779

10. Name and Address of New Registered Agent

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D O'FIESH, FRED G JR.**
STREET ADDRESS **2334 COLUMBINE COURT**
CITY - ST - ZIP **GAMBRILLS MD 21054**

TITLE ☐ DELETE

NAME **D FLAHERTY, TIMOTHY P**
STREET ADDRESS **2325 COLUMBINE COURT**
CITY - ST - ZIP **GAMBRILLS MD 21054**

TITLE ☐ DELETE

NAME **D MARTIN, JAMES H**
STREET ADDRESS **2212 41ST STREET, WEST**
CITY - ST - ZIP **BRADENTON FL 34205**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

1592 Belfast Court

Apopka, Florida 32712

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

[Signature]

4-28-97

Date

Daytime Phone #

CR2E034 (9/96)