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.)

FILED
Aug 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000025094 (0)

1. Corporation Name
A.J.P. LEASING, INC.

Principal Place of Business
~~4818 CHAROWEN DRIVE~~
~~ORLANDO FL 32837~~
1307 E Vine

Mailing Address
~~4818 CHAROWEN DRIVE~~
~~ORLANDO FL 32837~~
1307 E. Vine

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1995
3a. Date of Last Report: 09/16/1996
4. FEI Number: 59-3307496 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 1307 E VINE ST
22 Suite, Apt. #, etc.
23 City & State: KISSIMMEE Fl
24 Zip: 34744 25 Country: OSceola

2a. Mailing Address
26 1307 E VINE St
27 Suite, Apt. #, etc.
28 City & State: KISSIMMEE FL
29 Zip: 34744 30 Country: OSceola

9. Name and Address of Current Registered Agent
~~FRANK P. NISI, JR. & ASSOCIATES, P.A.~~
~~205 E. CENTRAL BLVD., STE. 304~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent
81 Name: SANFORD PINNA MD
82 Street Address (P.O. Box Number is Not Acceptable): 1307 E VINE ST
83
84 City: KISSIMMEE FL 85 Zip Code: 34744

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: Sanford Pinna MD
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (4/97)

12. OFFICERS AND DIRECTORS

TITLE	DPST	☐ DELETE
NAME	PINNA, AUGUSTE J	
STREET ADDRESS	4818 CHAROWEN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	V	☐ DELETE
NAME	PINNA, SANFORD	
STREET ADDRESS	1307 E. VINE STREET	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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	PE 8-8	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	400002266274	
6.3 STREET ADDRESS	-08/13/97--01098--015	
6.4 CITY-ST-ZIP	***550.00	

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: Sanford Pinna VP 7/15/97 407 9710008