

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

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Mar 11 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000039617 (2)

1. Corporation Name
ALL AMERICAN LEASING & SALES, INC.

Principal Place of Business
2600 W BROWARD BLVD
FT LAUDERDALE FL 33312

Mailing Address
2600 W BROWARD BLVD
FT LAUDERDALE FL 33312

2. Principal Place of Business 21 5200 S. S1 Rd 7 Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale FL Zip Country 24 33314 25 Broward	2a. Mailing Address 26 5200 S S1 Rd 7 Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale FL Zip Country 29 33314 30 Broward
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3. Date Incorporated or Qualified 05/18/1995	4. FEI Number 65-0583896	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		
10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, PA/AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARBMAN, JESSICA	1.2 NAME	
STREET ADDRESS	2600 W BROWARD BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARBMAN, NICOLE	2.2 NAME	
STREET ADDRESS	2600 W BROWARD BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Jessica Farbman/JESSICA Farbman 3.3.98

792-1005

CR2E034 (10/97)