FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000043939 (4)

1. Corporation Name
PHOTON LEASING, INC.

Principal Place of Business
1119 S.E. CORAL REEF STREET
PORT ST. LUCIE FL 34984

Mailing Address
1119 S.E. CORAL REEF STREET
PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified: 06/07/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 2500 S.E. Midport Rd
Suite, Apt. #, etc.
22: Suite 267
City & State
23: PSL, Fl
Zip
24: 34952
Country
25: St. Lucie

2a. Mailing Address
26: P.O. box 8273
Suite, Apt. #, etc.
27:
City & State
28: PSL Fl
Zip
29: 34985
Country
30:

4. FEI Number: 65-0587934 ☐ 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

9. Name and Address of Current Registered Agent

MARSHALL, DAVID W
652 S.E. PORTGAGE AVENUE
PORT ST. LUCIE FL 34984

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 ____________ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, DAVID W		1.2 NAME	
STREET ADDRESS	652 S.E. PORTAGE AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VENNOS, ALEX N		2.2 NAME	
STREET ADDRESS	1119 S.E. CORAL REEF STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: David Marshall — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5/10/96
Daytime Phone #: 407-335-9626

CR2E034 (12/95)