

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

**FILED**

**May 09 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 # P95000053146 (3)**

1. Corporation Name  
**PG-C LEASING COMPANY OF FLORIDA, INC.**



Principal Place of Business  
**1299 E. COMMERCIAL BLVD.  
SUITE WEST J  
FT. LAUDERDALE FL 33334**

Mailing Address  
**1299 E. COMMERCIAL BLVD.  
SUITE WEST J  
FT. LAUDERDALE FL 33334-4810**

3. Date Incorporated or Qualified  
**07/05/1995**

3a. Date of Last Report  
**08/29/1996**

4. FEI Number  
**65-0645276**

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  
**(SAME AS ABOVE)**

2a. Mailing Address  
**(SAME AS ABOVE)**

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

*Paula Gambrell*  
**3010 NE 45TH ST.**  
**FT. LAUDERDALE, FL 33308**

**(SAME AS BEFORE)**

81. Name

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

83.

84. City

85. Zip Code

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: *Paula Gambrell* DATE: **4/29/97**

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

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>PSTD</b> <input type="checkbox"/> DELETE   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GAMBRILL, PAULA</b>                        | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1299 E. COMMERCIAL BLVD., SUITE WEST J</b> | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL 33334</b>                | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME  |   |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 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                      | <input type="checkbox"/> DELETE               | 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                      | <input type="checkbox"/> DELETE               | 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                      | <input type="checkbox"/> DELETE               | 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 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: *Paula Gambrell* DATE: **4/29/97 (954) 489-3981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)