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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059044 (4)

TEMPLETON LEASING CORPORATION

## **FILED** Apr 28 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 3580 NW 54TH STREET STE 6 3580 NW 54TH STREET STE 6 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309-6366						
				<ol> <li>Date Incorporated or Qualified 07/25/1995</li> </ol>	3s. Date of Last Re 06/24/1996	eport
2. Principal f	Place of Business	28. Mailing Addres	s	4. FEI Number 65-0597031	<b>——</b>	plied For t Applicable
Suite, Apt 22		Suite, Apt. #, e	c.	5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State		City & State		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	Ζφ <b>29</b>	Country 30		] Yes ☐ No	199.032,
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	Cartney, Shari L O S. Andrews Ave.		o i ryame			
	U S. ANDHEWS AVE. E 503		82 Street A	ddress (P.O. Box Number is Not Acceptat	ole)	
	. LAUDERDALE FL 33301		83			
			84 City		FL 85 Zip 0	Code
SIGNATURE.  12.  TITLE		nt and the if applicable	(NOTE: Registered Agent signature re	orporation submits this statement for the poration's board of directors. I hereby accelequing when reliabilities and accelequing when reliabilities and accelequing when reliabilities acceled to the control of the con	DATE	
NAME STREET ADDRESS CITY-ST-ZIP	MCCARTNEY, SHARI L	_	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Glange	Addition
TITLE NAME STREET ADDRESS	D MCCARTNEY, JAMES I 3590 NW 54TH STREET STE ( FORT LAUDERDALE FL 33309		2.2 NAME 2.3 STREET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS	D MCCARTNEY, MICHELLE	☐ DELE	2 4 GITY-ST-ZIP TE 3.1 TITLE 3 2 NAME 3.3 STREET ADDRESS	TO MAKE THE PARTY OF THE PARTY	Change	Addition
STIRL LADDIESO	FORT LAUDERDALE FL 33309		34. CITY-ST-ZIP			
CITY-SI-ZIF					Chance	Addition
CITY-SI-ZIF TITLE NAME		☐ DELE			Change	Addition
TITLE NAME STREET ADDRESS			TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change	Addition
TITLE NAME			TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TE 5.1 TITLE		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS C-TY-ST-ZIP		DELE	TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME		DELE	TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS C-TY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ DELE	TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change	☐ Addition

tuding for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the its true and that accurate and that my signature shall have the same legal effect as if made under oath; that appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual report or supplemental Lam an officer or director of appears in Block 12 or Block

SIGNATURE: