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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

1. Corporation Name

P95000061659 (5)

NAPLES LEASING & RENTAL INC.

Principal Place of Business	Mailing Address	
P.O. BOX 420-187 NAPLES FL 33942	P.O. BOX 420-187 NAPLES FL 33942	



3. Date Incorporated or Qualified 08/09/1995

3a. Date of Last Report

Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required	2. Principal Pta	Principal Place of Business 2a. Mailing Address 26					4. FEI Number 65-0623618		No	plied For t Applicable		
Copy & State	Suite, Apt. #, etc Suite, Apt. #, etc				5. Certificate of Status Desired	<b>V</b> '						
2p	City & State Cr			hty & State			Trust Fund Contribution		Added 1	to Fees		
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent     11. Pursuant to the processors of Sections 607 0902 and 1007.1508. Florest Satisfies, the above named cognitation submits the statement for the purpose of changing alls registered office progetered agent, or both, in the State of Fonds. Sex of congressors and statement for the purpose of changing alls registered office progetered agent, or both, in the State of Fonds. Sex of congressors and statement for the purpose of changing alls registered office progetered agent, or both, in the State of Fonds. Sex of congressors and statement for the purpose of changing alls registered office progetered agent. In the State of Fonds. Sex of congressors and statement for the purpose of changing alls registered agent. I minimize the sequence of the statement for the purpose of changing alls registered agent. I minimize the sequence of the statement as registered agent. I minimize the sequence of the statement for the purpose of changing alls registered agent. I minimize the sequence of the statement as registered agent. I minimize the sequence of	Ζφ		<u> </u>	Zip		F- 1						
FORBIS, CRAIG R 738 98TH AVE N   NAPLES FL 33963	24	9 Name			d Agent	144	<del>.</del>	10. Name and Address of New R	egistered Ag	ent		
Table   Tabl		J. 1141110		P		81	Name					
Table STRET ADDRESS   STRET	FARRI	e coale	D			00	99 Chroat Address (R.O. Box Number is Not Acceptable)					
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Loo nereby certify that the information supplied with this intig is voluntarily furnished and does not qualify for the exemption stated in Section 11807 (spig). Floridal Statutes 1 untries certify that the information indicated on this ancust report is supplied report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Floridal Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE: Cray No First CRais RFORD 15 110/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Co., Director Co., Provided Statutes and that my