AMENDED **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

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 26 PM 2:36

DOCUMENT #

1. Corporation Name: MID-FLORIDA SALES AND LEASING, INC.

P95000093971

Principal Place of Business / Mailing Address

343 6th Street, S.W.
Winter Haven, Florida 33880

2. Principal Place of Business 21 343 6th Street, S.W. Suite, Apt. #, etc. 22 City & State 23 Winter Haven, Florida Zip 24 33880 Country 25 USA	2a. Mailing Address 26 343 6th Street, S.W. Suite, Apt. #, etc. 27 City & State 28 Winter Haven, Florida Zip 29 33880 Country 30 USA

3. Date Incorporated or Qualified: 12/08/95
3a. Date of Last Report: 4/29/97
4. FEI Number: 65-0667904 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

Jospeh Todd Arrington
343 6th Street S.W.
Winter Haven, Florida 33880

10. Name and Address of New Registered Agent

81 Name: Michael J. Arrington
82 Street Address (P.O. Box Number is Not Acceptable): 343 6th Street S.W.
83
84 City: Winter Haven FL 85 Zip Code: 33880

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: X [signature] (MM/DD/YY) X 11/18/97
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Director Joseph T. Arrington 343 6th Street, S.W. Winter Haven, Florida 33880	[X] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Director Michael J. Arrington 343 6th Street SW Winter Haven, Florida 33880	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Director/Treasurer Mary K. Arrington 343 6th Street, S.W. Winter Haven, Florida 33880	[X] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President/ Director Michael J. Arrington 343 6th Street, S.W. Winter Havedn, Florida 33880	[X] Change [ ] Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	See Above	[X] Change [ ] Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		[ ] Change [ ] Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		[ ] Change [ ] Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		[ ] Change [ ] Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		[ ] Change [ ] Addition

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SP 12/26/97

CR2E034 (9/96)

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 added to the report, or is otherwise entitled to file an address change.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11/18/97 X941-798-4992
Date / Daytime Phone #