SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAR1MENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600005491 (1)

FILED Sep 23 1997 8:00am Secretary of State

BUSH I	n Name LEASING SER	VICES, INC.	00043	' ('/										l
Principal Plac	e of Business		Mailing Add	ress				{	II TIM IMPAM MISII	OEILI DEILI DI	9) 8 8 B		(BIB) (AB)	
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							\ 	01/16/	•	Qualified	Ja.	Dale of Las	пероп	- 1
2. Principal P	Place of Business		2a. Mailing A	Address				4. FEI Num	her				Applied Fo	or I
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Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificat				\$8.7	5 Additions	
22			27					•. Certificat	e of Status I	Jesireu 		Fee	Required	
City & Stat	le		City & St	ate				6. Election		_			0 May Be	
23			28		r				d Contributi				d to Fees	
Zip	 1	ountry	Zip		Coun 30	ıry		8. This corp				urrent year X Yes	Intangible No	
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11. Pursuant	to th e p rovisions of registered about thi	Sections 607,0502	and 607.1508, F	lorida Statute	es, the about	ove-name	d corpora	ation submits	his stateme	ent for the	purpose	of changin	g its registe as register	ered
11. Pursuant office or r agent. I a	to the provisions of registered agent, of am familiar with, and	Sections 607,0502 both, in the State o accupy the obligati	and 607.1508, F I Florida. Such d Jolis of, Section	lorida Statute change was a 607.0505, Fic		ove-name by the co tes.	d corpora rporation		his stateme irectors. I he	ent for the reby acce	purpose ept the ap	of changing pointment	g its register as register	ered ed
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	Signature Lylod or direct	- nans	of: title if applicable DIRECTORS	<u>.</u>	AY E	by the colles. Agent signature	rporation'	then reinstating)	lis stateme liectors. I he	9	DATE	97	ORS IN 12	_
SIGNATURE	Signature (yellod or purst)	o name of registered ago. OFFICERS AND	of: title if applicable DIRECTORS	(NOTE	F: Flog stored /	by the cotes. Agent signature	rporation'	then reinstating)		9	DATE	97 ND DIRECT	ORS IN 12	lition (Co.)
SIGNATURE 12. TITLE	Signature by od or direct	o name of registered ago OFFICERS AND	of: title if applicable DIRECTORS	(NOTE	13. 1.1 TITL 1.2 NAN	by the cotes. Agent signature	rporation'	then reinstating)		9	DATE	97 ND DIRECT	ORS IN 12	lition (Co.)
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4. 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 orders.

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813-360-2874