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**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000026118 (5) *2/4/97 NC*

1. Corporation Name
UNITED EQUIPMENT LEASING CORP.
United Equipment, Inc.

Principal Place of Business 15051 ORANGE RIVER ROAD FT. MYERS FL 33905	Mailing Address 15051 ORANGE RIVER ROAD FT. MYERS FL 33905-7650
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3. Date Incorporated or Qualified 04/01/1986	3a. Date of Last Report
4. FEI Number 65-01660345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 6425 HWY 80 Suite, Apt. #, etc.	2a. Mailing Address 26 POB 1286 Suite, Apt. #, etc.
22 City & State 23 ALVA FLA. Zip Country 24 33920 25	27 City & State 28 LABELLE FLA. Zip Country 29 33975 30

9. Name and Address of Current Registered Agent
**BANCROFT, ROBERT M
15051 ORANGE RIVER ROAD
FT. MYERS FL 33905**

10. Name and Address of New Registered Agent

81 Name WILLIAM DAVID STEINMETZ
82 Street Address (P.O. Box Number is Not Acceptable) 6425 HWY 80
83 City ALVA FLA.
84 State FL
85 Zip Code 33920

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 *William D Steinmetz* **3-12-97**
(Type or print name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BANCROFT, ROBERT M	
STREET ADDRESS 15051 ORANGE RIVER RD.	
CITY-ST-ZIP FT MYERS FL 33905	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P-T-S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME WILLIAM DAVID STEINMETZ	
1.3 STREET ADDRESS 6425 HWY 80	
1.4 CITY-ST-ZIP ALVA FLA. 33920	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 800002143798	
6.3 STREET ADDRESS -04/15/97--01024--024	
6.4 CITY-ST-ZIP ***165.00	

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: *William D Steinmetz* **WILLIAM D STEINMETZ** **3-12-97** **941-68-8883**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)