

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

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Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000045862 (5)**

1. Corporation Name
FTI LEASING & SALES, INC.



Principal Place of Business 2680 U.S. HIGHWAY ONE MIMS FL 32754	Mailing Address POST OFFICE BOX 1059 TITUSVILLE FL 32781-1059
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1996		3a. Date of Last Report	
21		26	P.O. BOX 1079	4. FEI Number 595-24-0400 59-3383450		Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	City & State	28	MIMS FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip	29	32754	30		Country USA	
25	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLAGG, JAMES R ESQUIRE 106 JULIA STREET TITUSVILLE FL 32796				81	Name BURNIE E. WHITTEN		
				82	Street Address (P.O. Box Number is Not Acceptable) 2680 U.S. 1		
				83			
				84	City	MIMS	85

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 *Burnie E. Whitten* *Burnie E. Whitten* DATE **2-13-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITTEN, LORELLA S			1.2 NAME	WHITTEN, LORELLA S		
STREET ADDRESS	2680 U.S. HIGHWAY ONE			1.3 STREET ADDRESS	3440 BURKHOLM RD		
CITY - ST - ZIP	MIMS FL 32754			1.4 CITY - ST - ZIP	MIMS, FL 32754		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITTEN, BURNIE E			2.2 NAME	WHITTEN, BURNIE E		
STREET ADDRESS	2680 U.S. HIGHWAY ONE			2.3 STREET ADDRESS	3440 BURKHOLM RD.		
CITY - ST - ZIP	MIMS FL 32754			2.4 CITY - ST - ZIP	MIMS, FL 32754		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALLARD, MARY L			3.2 NAME	BALLARD, MARY L		
STREET ADDRESS	2680 U.S. HIGHWAY ONE			3.3 STREET ADDRESS	241 FERN AVENUE		
CITY - ST - ZIP	MIMS FL 32754			3.4 CITY - ST - ZIP	TITUSVILLE, FL 32796		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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: *Mary L Ballard* *Mary L. Ballard* DATE **1-3-97** DAYTIME PHONE **407-268-2065**

CR2E034 (9/96)