

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071625 (3)

1. Corporation Name
DIAD LEASING, INC.



Principal Place of Business
28 WINDY ACRES LANE
ALCOVE NY 12007

Mailing Address
28 WINDY ACRES LANE
ALCOVE NY 12007
POB 39
ALCOVE NY 12007

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 39		08/26/1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 ALCOVE NY		58-2266247	
24 Country		29 12007		5. Certificate of Status Desired	
		30 Albany		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GEMINO, ARNOLD R
160 SHORE DRIVE
WEST PALM BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

I, Pursuant to the provisions of Sections 607.0102 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

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	DAVID E CUMMINGS	
STREET ADDRESS	28 WINDY ACRES LANE	
CITY-ST-ZIP	ALCOVE NY 12007	
TITLE	S	DELETE
NAME	DEBORAH L CUMMINGS	
STREET ADDRESS	28 WINDY ACRES LANE	
CITY-ST-ZIP	ALCOVE NY 12007	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	Change	Addition
1.2 NAME	DAVID E. Cummings		
1.3 STREET ADDRESS	PO Box 39 NY		
1.4 CITY-ST-ZIP	ALCOVE NY 12007		
2.1 TITLE	Secretary/Treasurer	Change	Addition
2.2 NAME	DEBORAH L. Cummings		
2.3 STREET ADDRESS	P.O. Box 39 NY		
2.4 CITY-ST-ZIP	ALCOVE NY 12007		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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; that the register 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

DAVID E CUMMINGS

2/25/98

518-768-2995

CR2E034 (10/97)