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

DOCUMENT

P96000078883 (1)

A1 LEASING, INC.

Principal Place of Business

C/O ALAN S. WEINSTEIN

Mailing Address

C/O ALAN S. WEINSTEIN

FILED Feb 27 1997 8:00am Secretary of State



235 S MAITLAND AVE. SUITE 209 MAITLAND FL 32751		235 S MAITLAND AVE. SUITE 208 MAITLAND FL 32751-5638			
				 Date Incorporated or Qualified 09/20/1996 	3a. Date of Last Report
2. Principal Pl	ace of Business NORTH MAITLAN	2a. Mailing Address	DAD QUAZ	4. FEI Number	Applied For
21 500	MATH HILL HEXION	DHWEZE GOWEINSTEIN	, 1, 0, Box 7703	85 59-340385	
Suite, Apt 22 Sい	#, UIC.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ITLAND, FL	City & State MAITLAN		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3275	5\ 25 US	29 32194-0385 s	Country U.S	8. This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Reg	listered Agent
WEINSTEIN, ALAN S			81 Name		
235	S MATTLAND AVE, SUITE 2	209	82 Street Add	dress (P.O. Box Number is Not Acceptab	(0)
MAIT	TLAND FL 32751		500	NORTH MAITLAND AVE	,#308
			83		'
			84 City N	1A ITLAND	FL 85 Zip Code
				rporation submits this statement for the p	
office or re	egistered agent, or both, in the m familiar with, and accent the	State of Florida, Such change was au obligations of, Section 607,0505, Flori	ithorized by the corpore ida Statutes	ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Sign care type a oil printed name of registe		Registered Agent signature requ	uind when rainstation	DATE
12.	,.,, , ,	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE		P, P, S, T	Change Addition
NAME	WEINSTEIN, ALAN S		1.2 NAME	j.y = y-j.	
STREET ADDRESS	235 S MAITLAND AVE, SUITE 209			500 N. MAITLAND AVE,	Suite 308
DITY-ST-7IP	MAITLAND FL 32751			MAITLAND FL 321	
Title		DELETE	21 DILE W	D	Change M Addition
NAME			2.2 NAME	LOSE KONTER	• •
STREET ADDRESS			2 3 STREET ADDRESS	DOSE KONTER 217 OXFORD DRIVE	Ξ
CITY-S1-7IP				SAVANNAH. GA 314	105
THILE		DELETE	31 TITLE	3/13-14-2-11	Change Addition
NAME			32 NAME		
STREET ADDRESS	:		3.3 STREET ADDRESS		
CITY-ST-7P			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		.
CITY-ST-ZIF			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
C(1)Y+S1+2(F			5.4 CITY - ST - ZIP		
TITLE		L_] DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
1					
STREET ADDRESS			6.3 STREET ADDRESS	•	1

amountance in the same and in supplemental amount report is true and accurate and triat my signature shall have the same legal effect as if made under of Lam an efficiency of 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.