

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

FILED

**Feb 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000078883 (1)
1. Corporation Name
A1 LEASING, INC.

Principal Place of Business 500 NORTH MAITLAND AVE. SUITE 308 MAITLAND FL 32851 US	Mailing Address C/O WEINSTEIN P.O. BOX 940385 MAITLAND FL 32794-0385 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 141 Waterman Avenue Suite, Apt. #, etc.	26 141 Waterman Avenue Suite, Apt. #, etc.
22 City & State	27 City & State
23 Mount Dora, FL Zip	28 Mount Dora, FL Zip
24 32757	25 Lake
29 32757	30 Lake

3. Date Incorporated or Qualified 09/20/1996	
4. FEI Number 59-3403850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEINSTEIN, ALAN S
500 NORTH MAITLAND AVE.
#308
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name	Michael C. Alberson
82 Street Address (P.O. Box Number is Not Acceptable)	141 Waterman Avenue
83	
84 City	Mount Dora
85 Zip Code	FL 32757

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 *Michael C. Alberson* **Michael C. Alberson** **1/16/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST <input checked="" type="checkbox"/> DELETE
NAME	WEINSTEIN, ALAN S
STREET ADDRESS	500 N. MAITLAND AVE., SUITE 308
CITY-ST-ZIP	MAITLAND FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	KONTER, ROSE
STREET ADDRESS	217 OXFORD DRIVE
CITY-ST-ZIP	SAVANNAH GA
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ramsey, Walter
1.3 STREET ADDRESS	141 Waterman Avenue
1.4 CITY-ST-ZIP	Mount Dora, FL 32757
2.1 TITLE	VP,S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alberson, Michael C.
2.3 STREET ADDRESS	141 Waterman Avenue
2.4 CITY-ST-ZIP	Mount Dora, FL 32757
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	
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 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: *Michael C. Alberson* **Michael C. Alberson** **1/16/98**

CR2E034 (10/97)