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

FILED Mar 28 1997 8:00am Secretary of State

DOCUMENT	# P 966	000097881	(2)

RESTORI	MENT # P960000 In Name ED ASSET SALES & LEASIN	G, INC.			
Principal Place 19555 E COUNT SUITE 502 AVENTURA FL 3	TRY CLUB DRIVE	Mailing Address 19555 E COUNTRY CLUB DE SUITE 502 AVENTURA FL 33180-2598	RIVE	1 100 1102 110 1546 5441 9214 5544 2611) 201(8 191)) 1909(1910) 1919) 11() 17()
				3. Date incorporated or Qualified 12/03/1996	3a. Date of Last Report
2, Principal Pl 21 800 NE	lace of Busyess	26. Mailing Address 26. Soo NE 1957	ru Gr	4. FEI Number 65~0711541	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 <i>[*] MM</i> 7-5 24 331	Country	Zip	Country 30 USA	Trust Fund Contribution 8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Current	_ h		10. Name and Address of New Ro	egistered Agent
1955 SUITI	MP, A. BRUCE 5 E COUNTRY CLUB DRIVE E 502 NTURA FL 33180		81 Name 82 Street Address NE 83 Suite 84 City	ess (P.O. Box Number is Not Acceptal	FL 85 Zip Code 333179
office or re agent. La	to the provisions of Sections 607.050? egistered agent, or both, in the State or familiar with, and accept the obligat A. BRUCE CLAMP Super as 1910 or prince have of registered agent.	f Florida. Such change was at lons of Section 607.0508, Fibr	ithorized by the corporati	ion's board of directors. I hereby acce	purpose of changing its registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE NAME	PRESIDENT KEVIN B. CLAMP	["] DETELE	1.1 TITLE 1.2 NAME		Change Addition &
STREET ADDRESS CITY+ST-74P	1319 KATE ST. NEWBERRY SC 2	9108	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		iŭ S
	VICE PRESIDENT/SEC/TA BRUCE CLAMP		2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	800 NE 195 TH JT	SUITE 402	2.3 STREET ADDRESS	•	•
CITY-ST 7:P	MIANIC FL 331	79 DELETE	2 4 City - ST - ZIP	<u> </u>	Change Addition
TOLE NAME		L_) DELETE	3.1 TITLE 3.2 NAME	•	Origings Addition
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY+ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP		Change Addition
NAME			4. 2 NAME		
S*REET ADDRESS			. 4.3 STREET ADDRESS		
C:1Y-S1 7IP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIF		T DELTE	5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE		DELETE	6.1 TITLE 6.2 NAME		Change Addition
NAME STREET ADORESS			6.3 STREET ADDRESS		
CHY+S1+7#			6.4 CiTY-ST-ZIP		
informatic Lam an o appears i	by certify that the information supplied on indicated on this acrual report or su ifficer or director of the corporation or t on Block 12 or Block 13 if changed, or	pplemental annual report is trunched receiver or trustee empower on an attachment with an add	ue and accurate and that ered to execute this repor	l my signature shall have the same leg	al effect as if made under oath; that
SIGNAT	URE: A BRUCE CH	PRINTED NAME OF OCH ING OFFICER	OR DIRECTOR	3-24-97 Date	Daylime Phone # 0004684