P97000102588

LTI VEHICLE FINANCE CORP.

Principal Place of Business

C/O LEASING TECHNOLOGY, INC. 5713 CORPORATE WAY, SUITE 200 WEST PALM BEACH FL 33407

Mailing Address

C/O LEASING TECHNOLOGY. INC. 5713 CORPORATE WAY, SUITE 200 WEST PALM BEACH FL 33407

2. Principal Place of Business 1750 East Sunrise Blvd.	3. Mailing Address 1750 East Sunrise Blvd.			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL			



DO NOT WRITE IN THIS SPACE

Fort Lauderdale, FL		City & State Fort_Laude	rdolo RI '''	4. FEI Number 65-0807473		Applied For	
				90 0001110		Not Applicable	
33304			Country	5. Certificate of Status Desired	3.75 Additional e Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FURMAN, JACK 1750 E SUNRISE BV				ssa E. Ballot s (P.O. Box Number is Not Acceptable)			
FT LUD FL 33304		175	1750 East Sunrise Blvd.				
			City For	t Lauderdale,	FL	Zip Cod 33304	
8. The above named	d entity submits this statem	ont for the number of share:					

e purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

<u>issa E.</u> Ballot

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

	Sita of backy	Make Check Payable	to Departmen	t of State			— Adde	u 10 i ees	
11	OFFICERS AND DIF		12.	AD	DITIONS/CHANGES TO	OFFICERS AN	ND DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, ANTHONY L C/O LEASING TECHNOLOGY, INC. WEST PALM BEACH FL 33407	**XX**Belete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marcia 1750 Ea		vd		Addition	1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHORL, C T 5713 CORPORATE WAY, 200 WPOB FL	XXXelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V William 1750 Ea		.vd.	☐ Change	XXX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAURONER, S 5713 CORPORATE WAY, 200 WPB FL	XIXIX0elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, S Michele 1750 Ea		vd.	☐ Change	XX X dition	
NAME STREET ADDRESS CITY-ST-ZIP	AVP WEISHEIT, D 5713 CORPORATE WAY WPB FL	XXX elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANT, NORMAN CORPORATE WAY # WEST PALM BEACH FL 33407	XXXelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Change	Addition	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if

SIGNATURE:

Propresident &