

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

FILED

Feb 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S01945

(2)

1. Corporation Name

LARRY'S LEASING, INC.

Principal Place of Business

Mailing Address

3361 BOYINGTON  
SUITE 200  
CARROLLTON TX 75006

3361 BOYINGTON  
SUITE 200  
CARROLLTON TX 75006-4921

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/25/1990

3a. Date of Last Report

12/31/1996

4. FEI Number

36-3728752

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

SCHAEFFER, ALAN J ESQ  
C/O GREENBERG TRAUIG  
1221 BRICKELL AVE.  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	DP	<input type="checkbox"/> DELETE
NAME	WHITE, STANLEY	
STREET ADDRESS	3361 BOYINGTON, SUITE 200	
CITY - ST - ZIP	CARROLLTON TX 75006	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SERRUYA, MICHAEL	
STREET ADDRESS	3361 BOYINGTON, SUITE 200	
CITY - ST - ZIP	CARROLLTON TX 75006	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SERRUYA, AARON	
STREET ADDRESS	3361 BOYINGTON, SUITE 200	
CITY - ST - ZIP	CARROLLTON TX 75006	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	NESSER, ANITA	
STREET ADDRESS	3361 BOYINGTON, SUITE 200	
CITY - ST - ZIP	CARROLLTON TX 75006	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WARNER, PAMELA	
STREET ADDRESS	3361 BOYINGTON, SUITE 200	
CITY - ST - ZIP	CARROLLTON TX 75006	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do 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 unchanged, or on an attachment with an address.

SIGNATURE:

Anita Nesser  
Vice President

Asst. Sec.

2/4/97

(972) 788-5294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0011489

CR2E034 (9/96)