

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S09688** (0)
1. Corporation Name
PALM LEASING, INC.



Principal Place of Business: **546 NW 105 DR. CORAL SPRINGS FL 33071 US**
Mailing Address: **546 NW 105 DR. CORAL SPRINGS FL 33071 US**

3. Date Incorporated or Qualified 10/26/1990	3a. Date of Last Report 06/19/1995
4. FET Number 65-0229762	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
9. Name and Address of Current Registered Agent	

**NOONAN, JAMES T., JR.
750 S.W. 12TH AVENUE
POMPANO BEACH FL 33069**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

11. Pursuant to the provisions of Sections 601.01(2) and 601.01(3), 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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 601.01(3) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PSD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	NOONAN, JAMES T., JR.	2. NAME	
3. STREET ADDRESS	750 S.W. 12TH AVE.	3. STREET ADDRESS	546 N.W. 105 DR.
4. CITY, ST, ZIP	POMPANO BEACH FL	4. CITY, ST, ZIP	CORAL SPRINGS, FL 33071
5. TITLE	VTD	5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	NOONAN, JILL ELIZABETH	6. NAME	
7. STREET ADDRESS	750 S.W. 12TH AVE.	7. STREET ADDRESS	546 N.W. 105 DR.
8. CITY, ST, ZIP	POMPANO BEACH FL	8. CITY, ST, ZIP	CORAL SPRINGS, FL 33071
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(a), Florida Statutes. I further certify that the information indicates I am the sole registered or applicable agent and report as such 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 president or trustee or partner or proprietor or executor or administrator of the estate of the corporation and that my name appears in Block 12 or Block 13 of this filing. I am the registered agent of this corporation.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 954-942-2218

CR2E034 (12/95)