FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S09832** **(4)**

1. Corporate Name
ENTERTAINMENT LEASING CORP.

Principal Place of Business	Mailing Address
5688-B W CRENSHAW STREET WEST LINEBAUGH AVENUE TAMPA FL 33634 US	5688-B W CRENSHAW STEET WEST LINEBAUGH AVENUE TAMPA FL 33634 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1990
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 5688-B W. Crenshaw Street	26 5688-B W. Crenshaw Street
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Tampa, FL	28 City & State: Tampa, FL
24 Zip: 33634 25 Country: Hillsborough	29 Zip: 33634 30 Country: Hillsborough

4. FEI Number: 59-3035872 ☐ 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

9. Name and Address of Current Registered Agent

WEINSTEIN, NEAL, ESQUIRE
601 N FRANKLIN ST
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VP Director	☒ Change ☐ Addition
NAME	KOPELMAN, JACK	12 NAME		
STREET ADDRESS	4306 GOLFCREST CT.	13 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP		
TITLE	DV	21 TITLE	P Director	☒ Change ☐ Addition
NAME	KLINE, ANDREW	22 NAME		
STREET ADDRESS	8707 BAYPOINT DR	23 STREET ADDRESS	5688B W. Crenshaw St.	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	Tampa, FL	
TITLE	DS	31 TITLE		☒ Change ☐ Addition
NAME	KLINE, BRENDA	32 NAME		
STREET ADDRESS	8707 BAYPOINT DR	33 STREET ADDRESS	5688B W. Crenshaw St.	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	Tampa FL	
TITLE	DT	41 TITLE		☐ Change ☐ Addition
NAME	KOPELMAN, BETTY	42 NAME		
STREET ADDRESS	4306 GOLFCREST CT	43 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: _____ Brenda Kline Secretary 04/27/95 813-888-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0443010 FP