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Apr 07 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 # **S25711** (0)  
1. Corporation Name  
**THREE WAY LEASING & EXPORT, INC.**



Principal Place of Business  
**1255 WEST ATLANTIC BLVD  
POMPANO BEACH FL 33069**

Mailing Address  
**1255 WEST ATLANTIC BLVD  
POMPANO BEACH FL 33069-2913**

3. Date Incorporated or Qualified  
**01/12/1991**

3a. Date of Last Report  
**05/29/1996**

2. Principal Place of Business 21 Suite Apt. # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0375834</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2807**

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 **Jeannine Wranovics** *Jeannine Wranovics* 4/1/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	<b>WRANOVICS, DOUGLAS</b>	1.2 NAME	<b>WRANOVICS Douglas</b>
STREET ADDRESS	<b>6735 SW 7TH ST.</b>	1.3 STREET ADDRESS	<b>714 Cypress Green Circle</b>
CITY-ST-ZIP	<b>MARGATE FL 33068</b>	1.4 CITY-ST-ZIP	<b>Wellington FL 33414</b>
TITLE	STD	2.1 TITLE	STD
NAME	<b>WRANOVICS, JEANNE</b>	2.2 NAME	<b>WRANOVICS Jeannine</b>
STREET ADDRESS	<b>6735 SW 7TH ST.</b>	2.3 STREET ADDRESS	<b>714 Cypress Green Circle</b>
CITY-ST-ZIP	<b>MARGATE FL 33068</b>	2.4 CITY-ST-ZIP	<b>Wellington, FL 33414</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 199.03(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: **Jeannine Wranovics** *Jeannine Wranovics* 4/1/97  
Signature typed or printed name of signing officer or director (954) 781-7733 Date

CR2E034 (9/96)