

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S27012 (1)

1. Corporation Name

SUNSET EQUIPMENT LEASING CORPORATION



Principal Place of Business

**750 E SAMPLE RD.
BLDG. 10-5
POMPANO BCH. FL 33064
US**

Mailing Address

**300 NW 82 AVE
SUITE 412
PLANTATION FL 33324**

3. Date Incorporated or Qualified
01/22/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0239138

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

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



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREW L. SIEGEL, P.A.
300 NW 82 AVE
SUITE 412
PLANTATION FL 33324**

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)

(Initials) Registered Agent Signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD
PROSEN, JAMES
~~5440 N.W. 56 CT.~~
~~TAMPA FL~~**

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**VD
SHEA, TIM
1399 NE 38 ST
OAKLAND PARK FL**

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**SD
GARRITY, JOSEPH
5281 S.W. 4 ST.
PLANTATION FL**

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**12386 W HALL PL
WELLINGTON FL 33414**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Prosen
JAMES PROSEN

4-11-96

Date

(954) 942-3312

Daytime Phone

CR2E034 (12/95)