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 # **S46641** **(4)**

1. Corporation Name

SEMORAN LEASING CORPORATION

Principal Place of Business
1651 N SEMORAN BLVD
ORLANDO FL 32807

Mailing Address
1651 N SEMORAN BLVD
ORLANDO FL 32807

3. Date Incorporated or Qualified: **04/17/1991**

3a. Date of Last Report: **03/27/1995**

4. FEI Number: **59-3061066** — 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

2. Principal Place of Business
21 Street, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street, Apt. #, etc.
27 City & State
28 Zip 29 County 30

8. This corporation has elected to be taxed under Section 1120S, Internal Revenue Code: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MUNNS, RULON
250 N. ORANGE AVE., 11TH FLOOR
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.0502 and 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name of the registered agent of this corporation as shown below are hereby accepted. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
D	DAVIDSON, PATRICIA ANN	473 FLETCHER PLACE	WINTER PARK FL 35	[ ]
				[ ]
				[ ]
				[ ]
				[ ]
				[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City-St-Zip	Change	Add
1	1	1	1	[ ]	[ ]
2	2	2	2	[ ]	[ ]
3	3	3	3	[ ]	[ ]
4	4	4	4	[ ]	[ ]
5	5	5	5	[ ]	[ ]
6	6	6	6	[ ]	[ ]

14. I do hereby certify that the information supplied with this filing, and to the best of my knowledge, believe, and belief, it is true, complete, and accurate. I further certify that the information indicated on this report or supplemental 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 or is added as a director or officer in Block 13.

SIGNATURE: 4/9/96 407 823 7222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)