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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 10: 44

DOCUMENT # V02354 (1)

1. Corporation Name
U.S. GOLF LEASING COMPANY, INC.

Principal Place of Business
1114 BROOKLINE CT.
WINTER SPRINGS FL 32708

Mailing Address
P. O. BOX 196129
WINTER SPRING FL 32719
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	12/26/1991
3a. Date of Last Report	03/18/1994
4. FEI Number	59-3097680 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 255 S. Orange Ave	26 255 S. Orange Ave
Suite, Apt. #, etc. 22 Suite 1515	Suite, Apt. #, etc. 27 Suite 1515
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip 24 32801 — Country 25 USA	Zip 29 32801 — Country 30 USA

9. Name and Address of Current Registered Agent

STANCHINA, MARY LYNN
1114 BROOKLINE COURT
WINTER SPRINGS, FKL 32708

10. Name and Address of New Registered Agent

81 Name: WARREN J. STANCHINA
82 Street Address (P.O. Box Number is Not Acceptable): 255 S Orange Ave
83 Suite 1515
84 City: Orlando FL 85 Zip Code: 32801

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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STANCHINA, WARREN J., JR
STREET ADDRESS	1114 BROOKLINE CT.
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	DST
NAME	STANCHINA, MARY LYNN
STREET ADDRESS	1114 BROOKLINE CT.
CITY-ST-ZIP	WINTER SPRINGS FL
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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] WARREN J. STANCHINA Pres. 407-245-7557
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

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