## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

WALDEN AUTO LEASING III, INC.

**FILED** Apr 02 1998 8:00am Secretary of State



Princ	Principal Place of Business Maiting Address							_			
	9800 BACHMAN ROAD 601 CARLSON PARKWAY 1430 ORLANDO FL 32824 MINNEAPOLIS MN 55305										
ORLANDO FL 32824				WINNERPOLIS MN 55305 US				DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified		
									02/27/1992		
2. Pr	rincipal Plac	e of Busine	ess	7	2a. Mailing Address				4. FEI Number Applied For		
21			2	26				<b>59-3111869</b> Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				S8.75 Additional			
22			2	27				Certificate of Status Desired     Fee Required			
	City & State				City & State				6. Election Campaign Financing \$5.00 May Be		
23				2					Trust Fund Contribution Added to Fees		
z	ip	-	Country		Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible		
24			5	2		30			Personal Property Tax due June 30. Yes No		
			and Address of C	urrent He	gistered Agent		81	Name	10. Name and Address of New Registered Agent		
			ION SYSTEM	MD			ا"	Manie			
1200 <b>So</b> uth Pine Island Road Plantation Fl			IAU		Ī	82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
					}	63					
							•3				
						Ī	84	City	FL 85 Zip Code		
11. [	Pursuant to t	the provisio	ns of Sections 60	7.0502 and	d 607.1508, Florida Statu	utes, the ab	OVE	l e-named corp			
(	office or regi agent. I am i	istered age familiar with	nt, or both, in the i, and accept the	State of Floobligations	orida. Such change was s of Section 607.0505, F	authorized Iorida Stati	i by utes	the corporati	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered		
SIGN	NATURE			ŭ							
Olor	Sig	nalure, lyped o	r printed name of registe				Age	ent signature require	red when reinstaling) DATE		
12.		NOCT	OFFICER	S AND DIF		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		DPST	DENNIS E		☐ DELETE	1.1 TIT			Change Addition		
NAME HECKER, DENNIS E. STREET ADDRESS 601 CARLSON PARKWAY 1430				V 1490		1.2 NA					
	1710011200	MINNEAP		1 1430				ADDRESS			
CITY-S	S1-2IP	ANIMINE OF	OLIG MIT		DELETE	1.4 CIT		T-ZIP	☐ Change ☐ Addition		
TITLE		KEDHADI	, JOHN E.		N DELETE	2.1 111			Claude Claude		
NAME	!		RLSON PARKW	AV 1430		2.2 NA					
	T NODITE OF	MINNEAP		11 1750		1		ADDRESS			
CITY-5	ST-ZIP	MINIATON	OLIO IIII1		DELETE	2 4 CI		ST - ZIP	☐ Change ☐ Addition		
TITLE						3.1 TIT			Li charge Li vouldon		
NAME						3.2 NA		1000000			
	T ADDRESS							ADDRESS			
CITY-S	S1-ZIP				DELETE	3.4. CC 4.1 TIT		SI+ZIP	Change Addition		
TITLE						4.1 III 4.2 N/			C Crisings C Addition		
NAME						- 1		ADDDECC			
	T ADDRESS							AODRESS			
CITY-S	51 · ZIP				☐ DELETE	4.4 C/T 5 1 T/T		1-214	Change Addition		
NAME						5.2 NA			Shango Modition		
								ADDRESS			
	T ADDRESS										
CITY - S	51-ZIP	-			DELETE	5.4 C() 6.1 T)T		1-211	Change Addition		
TITLE					∟ DELETE			İ			
NAME						6.2 NA		ADDDICC			
STREET	T ADDRESS							AODRESS			
DITY 1	ET TID I					= C4CII	v 0'	. 7/0			

14. I hereby certify that the information supplied with this filing 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. 5/2-8526

2.11.98