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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V19980

(4)

Mailing Address

AUTO TRANSPORT LEASING, INC.

| 2536 WOODHAVEN COURT<br>ORLANDO FL 34761<br>US  |                 |  |  | P.O. BOX 91<br>OCOEE FL 34761-0091<br>US |                  |                            |                    |   |  |             |                                 |                       |
|---|-----------------|--|--|--|------------------|----------------------------|--------------------|---|--|-------------|---------------------------------|-----------------------|
|   |                 |  |  |  |                  |                            |                    |   | 3. Date Incorporated or Qualified 03/10/1992   |             | ate of Last R<br><b>22/1996</b> | leport                |
| 2. Principal Place of Business  |                 |  |  | 2a. Mailing Address                      |                  |                            |                    |   | 4. FEI Number  |             |                                 | oplied For            |
| 21  |                 |  |  | 26                                       |                  |                            |                    |   | 59-3107404   |             |                                 | ot Applicable         |
| Suite, Apt. #, etc.   |                 |  |  | Suite, Apt. #, etc.                      |                  |                            |                    |   | 6. Certificate of Status Desired   |             | *                               | Additional<br>equired |
| City & State  | В               | ····   | City & State                           |  |                  |                            |                    | 6. Election Campaign Financing                    |  | \$5.00      | May Be                          |                       |
| <b>23</b> Zip   |                 | Country  | 28                                     | Zip Cou                                  |                  |                            | <del></del> -      | ···   | Trust Fund Contribution Added to Fees  8. This corporation has flability for intangible tax under s. 199.032,  |             |                                 |                       |
| 24  |                 | 25   | ·····                                  | 29 30                                    |                  |                            |                    |   | Florida Statutes  Yes  No  |             |                                 |                       |
| , <del></del> ,   | 9. Name         | and Address of Curre                               |  | ered Agent                               | 1221             |                            |                    | <del></del>                                       | 10. Name and Address of New Ro   |             |                                 |                       |
| MEU   | INIER, THO      | MAS R.   |  |  |                  | 81                         | Γ                  | Name  |  |             | <del> </del>                    |                       |
| 2538 WOODHAVEN COURT  |                 |  |  | 82 Street A                              |                  |                            | Street Add         | ress (P.O. Box Number is Not Acceptal             |  |             |                                 |                       |
| ORLANDO FL 32818  |                 |  |  |  | <b>92</b> 3(100) |                            |                    | Sileel Addi                                       | Control of the state of the sta |             |                                 |                       |
|   |                 |  |  |  |                  | 83                         | Γ                  |   |  |             |                                 |                       |
|   |                 |  |  |  |                  | 84                         | ╁                  | City  |  |             | <b>85</b> Zip                   | Code                  |
|   |                 |  |  |  |                  | - 1                        |                    | •   |  | FL          | .   `                           |                       |
| 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 Signative tyre dior printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating)  DATE  |                 |  |  |  |                  |                            |                    |   |  |             |                                 |                       |
| 12.   | englious e vyso |  | · · · · · · · · · · · · · · · · · · ·  |  |                  | 13.                        |                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |             |                                 |                       |
| TITLE   | 175             | . 21.072.1.072.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7 |  | ☐ DELETE                                 |                  | 1.1 TITLE                  |                    |   |  |             | Change                          | Addition              |
| NAME  |                 | r, thomas r  |  |  |                  | 1.2 NAME                   |                    |   |  |             |                                 |                       |
| STREET ADDRESS  | 2536 WO         |  | 1.3 \$                                 |  |                  | 1.3 STREET ADDRESS         |                    |   |  |             |                                 |                       |
| CITY-ST-ZIP   | ORLAND          | O FL   |  |  |                  | 1.4 CITY-5                 | ST-                | ZIP   |  |             |                                 |                       |
| TITLE   | JS P            |  |  | ☐ DELETE                                 |                  | 2.1 TITLE                  |                    |   |  |             | Change                          | Addition              |
| NAME  | MIEUNIEF        |  |  |  |                  | 2.2 NAME                   |                    |   | ·  |             |                                 |                       |
| STREET ADDRESS  |                 | ODHAVEN COURT                                      |  | 235                                      |                  |                            | 2.3 STREET ADDRESS |   |  |             |                                 |                       |
| CITY-ST-ZIP   | ORLAND          | UFL  |  | DELETE                                   |                  |                            | ST.                | - ZIP   |  | -           | T 3.                            | F 1                   |
| TITLE   | 1               |  |  | L. DELETE                                |                  | 3.1 TITLE                  |                    |   |  |             | L Change                        | Addition              |
| NAME  |                 |  |  |  |                  | 3.2 NAME                   |                    |   |  |             |                                 |                       |
| STREET ADDRESS  |                 |  |  |  |                  |                            | 3.3 STREET ADDRESS |   |  |             |                                 |                       |
| CITY-ST-ZIP<br>TITLE  |                 |  | ······································ | DELETE                                   | - *              | 3.4. CITY - :<br>4.1 TITLE | SI.                | - ZIP   |  |             | ☐ Change                        | Addition              |
| NAME  |                 |  |  |  |                  | 4. 2 NAME                  |                    |   |  |             | - O. O. Ho                      | - 10011011            |
| STREET ADORESS  |                 |  |  |  |                  | 4.3 STREET                 |                    | DDRESS  |  |             |                                 |                       |
| CITY-ST-ZIP   |                 |  |  |  |                  | 4.4 CITY - S               |                    |   |  |             |                                 |                       |
| TIFLE   |                 | ,  |  | DELETE                                   |                  | 5.1 TITLE                  |                    |   |  |             | Change                          | Addition              |
| NAME.   |                 |  |  |  |                  | 5.2 NAME                   |                    |   |  |             | -                               |                       |
| STREET ADORESS  |                 |  |  |  |                  | 5.3 STREET                 | T AI               | DORESS  |  |             |                                 |                       |
| CITY-ST-ZIP   |                 |  |  |  |                  | 5.4 CITY - S               | ST-                | ZIP   |  |             |                                 |                       |
| TITLE   |                 |  |  | DELETE                                   |                  | 6.1 TITLE                  |                    |   |  |             | ☐ Change                        | Addition              |
| NAME  |                 |  |  |  |                  | 6.2 NAME                   |                    |   |  |             |                                 |                       |
| STREET ADDRESS  |                 |  |  |  | 1                | 6.3 STREET                 | T AI               | DDRESS  |  |             |                                 |                       |
| CITY-ST-ZIP   |                 |  |  | en i                                     |                  | 6.4 CITY-S                 | st-                | ZIP   |  | ····        |                                 |                       |
| Information   | on indicated.   | on this annual report or                           | suppleme                               | intal annual report is                   | s true a         | ınd accı                   | ura                | ate and tha                                       | d in Section 119.07(3)(i), Florida Statute<br>It my signature shall have the same lega   | al effect a | s if made un                    | ider oath: that l     |
| l am an o   | ifficer or dire | ctor of the corporation or Block 13 if changed,    | or the rece                            | iver or trustee empo                     | owered           | to exec                    | cu                 | te this repo                                      | ort as required by Chapter 607, Florida  | Statutes; a | and that my                     | name                  |

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-91

401-293-9524

**FILED** 

Feb 21 1997 8:00am

Secretary of State