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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

V19980

(4)

AUTO TRANSPORT LEASING, INC.

Principal Place of Business			Mailing Address							#21 #1074 #1012 #	inii binii bii	
2536 WOODHAVEN COURT			P.O. BOX 91									
ORLANDO FL 34761			OCOEE FL 34761 US					DO NOT WRITE IN THIS SPACE				
ยร				5					3. Date Incorporated or Qualified			
									03/10/1992			
2. Principal Place of Business			2a. Mailing Address					· · · · · · · · · · · · · · · ·	4. FEI Number		I A	pplied For
21			26				59-3107404		\leftarrow	ot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	П	\$8.75	Additional	
22			27					5. Certificate of Status Desired	Ш	Fee R	equired	
City & State			City & State					6. Election Campaign Financing	_	\$5.00	Мау Ве	
23			28						Trust Fund Contribution		Added	to Fees
Zip	·		—			Country	itry		8. This corporation owes or has p	_		
24		25 and Address of Current	29	arad Arant	30				Personal Property Tax due June 10. Name and Address of New Re			No
			i negisi	ered Agent		81	Name	-	10. Name and Address of New Fe	egistereu A	yen.	
	UNIER, THO											
2536 WOODHAVEN COURT ORLANDO FL 32818				82			Stree	t Addre	ss (P.O. Box Number is Not Accepta	ble)		
011	ibarbo i e i	JE010										
						84	City			FI	85 Zip	Code
11 Pursuant	to the provisio	ns of Sections 607.0502	2 and 60	7.1508. Florida Stati	utes, th	ne abovi	l e-name:	d corpo	ration submits this statement for the		l J changing i	ts reaistered
office or r	egistered age	nt, or both, in the State	of Florid	a. Such change was	s author	rized by	the co	rporatio	ration submits this statement for the n's board of directors. I hereby acce	pt the appo	intment as	registered
	m tamillar witi	i, and accept the obliga	itions or,	Section 607.0505, i	riorida	Statutes	S.					
SIGNATURE	Signature, typed o	r printed name of registered agen	nt and title if	f applicable. (NO	OTE: Regis	istered Age	ent signatu	re required	when reinstating)	DATE		
12,		OFFICERS AND										
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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 op an attachment with an address.

SIGNATURE:

FILED

Jan 23 1998 8:00am

Secretary of State