


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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **V28944** (9)
1. Corporation Name
ALTERNATIVE LEASING, INC.

Principal Place of Business 185-A AIRPORT BLVD. SANFORD FL 32773	Mailing Address 185 E. AIRPORT BLVD. SANFORD FL 32773 US
--	--

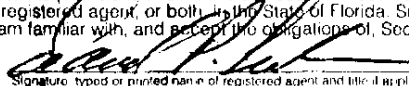


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. Alternative Leasing, Inc. 9781 S. Orange Blossom Trail, Unit 6-7 Orlando, FL 32837 (407) 858-3040		2a. Mailing Address 26 Suite, Apt. #, etc. Alternative Leasing, Inc. 9781 S. Orange Blossom Trail, Unit 6-7 Orlando, FL 32837 (407) 858-3040		3. Date Incorporated or Qualified 04/16/1992	
22 City & State Orlando, FL		27 City & State Orlando, FL		4. FEI Number 59-3118098	
23 Zip 32837		28 Zip 32837		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country US		29 Country US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CUEBAS, DANNY 185-A AIRPORT BLVD. SANFORD FL 32773		10. Name and Address of New Registered Agent 81 Name DANIEL P. Cuebas 82 Street Address (P.O. Box Number is Not Acceptable) 9781 S. O.B.T. UNIT 6-7 83 City Orlando, 84 City Orlando, FL 85 Zip Code 32837	
--	--	--	--

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  (NOTE: Registered Agent signature required when reinstating) DATE **2-13-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUEBAS, DANNY 185-A AIRPORT BLVD. SANFORD FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9781 S. O.B.T. Unit 6-7 Orlando, FL 32837	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE  **2-13-98** **407-858-3040**

CR2E034 (10/97)