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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V48451			
1. Corporation Name C AND O LEASING, INC.			
Principal Place of Business 1639 FORUM PLACE, SUITE 4 WEST PALM BEACH FL 33401		Mailing Address C/O JOSEPH JORDAN, P.A. 500 AUSTRALIAN AVE. SOUTH, SUITE 600 WEST PALM BEACH FL 33401	
2. Principal Place of Business 2101 GLENMOOR DRIVE Suite, Apt. #, etc. City & State West Palm Beach Zip Florida		2a. Mailing Address 2101 GLENMOOR DRIVE Suite, Apt. #, etc. City & State West Palm Beach Zip 33409 Country USA	
9. Name and Address of Current Registered Agent JORDAN, JOSEPH C/O JOSEPH JORDAN, P.A. 500 AUSTRALIAN AVE. SOUTH, SUITE 600 WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 607.0503, Florida Statutes. SIGNATURE: James H. Owens, Jr. DATE: April 26, 1999			
12. OFFICERS AND DIRECTORS TITLE PT NAME OWENS, JAMES H JR. STREET ADDRESS 2101 GLENMOOR DRIVE CITY-ST-ZIP WEST PALM BEACH FL 33409 TITLE V NAME TSAI, ROLAND Y STREET ADDRESS 21 WALCOTT DRIVE CITY-ST-ZIP LANTANA FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)