FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # K3923 LEASING, INC.	3 (7)			A INDIANUS DADA SASUA SASUA SINDRA SASUA	* 1991 8.18 39 3.1831 8.18 11 8.18 1		
Principal Place of Business Mailing Address ### JOHN C. CALHOUN ### JOHN C. CALH 3150 FLORIDA COACH DR 3150 FLORIDA CO								
KISSIMMEE I	FL 34741	KISSIMMEE FL 34741			3. Date Incorporated or Qualified 10/14/1988	3a. Date of Last F	, ·	
—¬ `	ace of Business 2a. Mailing Address				4. FEI Number Applied		Applied For	
21 Suite Ant +	26 Suite, Apt. #, etc. Suite, Apt. #, etc.						Not Applicable	
Suite, Apt. #, etc. Suite, Apt. [27]			HC.		5. Certificate of Status Desired	tricate of Status Desired S8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing		May Be	
23		28			40.00		d to Fees	
Ζφ 24	Country Zip 25 29		Gountry 30	Country 8. This corporation has liability for intangible tax us Florida Statutes [V] Yes [] No			199.032,	
Name and Address of Current Registered Agent				····	10. Name and Address of New Registered Agent			
			81	Name				
CALHOUN, JOHN C			82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
	EASING INC		83					
VIOOIMIN	AEE FL 34741		63					
			84	City		FI 85 Zi	p Code	
11. Pursuant to	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florida by and account the obligations of Sections	and 607.1508, Florida Statute la. Such change was authorize	es, the above i ed by the corp	l named corpor oration's boar	ation submits this statement for the purp d of directors. I heroby accept the appo	ose of changing its r intruent as registered	egistered office agent. Lam	
SIGNATURE								
12.	Signature, typed or printed name of registered agent OFFICERS AND		TE Flegistere (Agra	il signative, re piece	ADDITIONS/CHANGES TO OFFI	DATE)RS IN 12	
TITLE	DPTS					☐ Change	Addition	
NAME	CALHOUN, JOHN C.		1.2 NAME					
STREET ADDRESS			13 STREET ADDRESS					
CITY - ST - ZIP	KISSIMMEE FL 34741		1.4 C/TY - \$1 - 7/P			774 773 977	;	
TITLE	DEFEIE		2 1 THE	i		Change	Add-tion	
NAME OZOSSE ADDOGGO			2.2 NAME					
STREET ADDRESS	8		2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	DELETE		2 4 CHY-SI-2IP				Addition	
NAME			3 2 NAME				,,,,,,,,,,,,	
STREET ADDRESS			3.3 STREE	ADDRESS				
ČIŤY - ŠT - ZIP			34 CITY-S	T-7IP				
TITLE	☐ DELETE		4 1 TITLE			☐ Change	Addition	
NAME			4.2 NAME					
STREET ADDRESS			43 STREET	ADDRESS				
CITY-ST-ZIF	F) Dr. C.C.		4 4 C/TY - S	1-28				
TITLE	☐ DELEIE		5 1 TITLE			Change	Addition	
NAME STREET ADDRESS			5.2 NAME	ADDOCOCO				
CITY-ST-ZIP			5.3 STREET					
TITLE	DELETE		5.4 CITY - S 6 1 TITE	1 - (It'		[] Change	Add tion	
NAME)		6.2 NAME					
STREET ADDRESS			63 STREET	ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	64 CITY - S	T- ZIP				
14. I do hereby	certify that the information supplied w	rith this filing is voluntarily furni	shed and does	not qualify fo	r the exemption stated in Section 119.0	7(3)(k). Florida Statut	es. 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 it made under oath; that I am an officer or director of the corporation or the receiver or trusted employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if quanged, or origin attachment with an exercise.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407846-2782