

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:59**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 838309 (3)

1. Corporation Name
ECO LEASING CORP.

Principal Place of Business Mailing Address
1415 BOSTON POST ROAD LARCHMONT NY 10538

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/28/1977	3a. Date of Last Report 01/25/1994
4. FEI Number 13-2506793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 100.030, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3. City
B4. State FL
B5. 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title of position) _____ (Typed Registered Agent signature required when reinstating) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLINN, ROBERT H.	1.2 NAME	
STREET ADDRESS	365 PURCHASE ST.	1.3 STREET ADDRESS	
CITY, ST, ZIP	RYE NY	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, JAMES E.	2.2 NAME	
STREET ADDRESS	20 INDIAN FIELD ROAD	2.3 STREET ADDRESS	
CITY, ST, ZIP	GREENWICH CT	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, ARCHIE E	3.2 NAME	
STREET ADDRESS	69 LONG MEADOW RD	3.3 STREET ADDRESS	
CITY, ST, ZIP	WILTON CT	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **ROBERT H. FLINN** 6-6-95 914-834-9007
(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)

CR2E034 (3/95)

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 5 1995

DOCUMENT # 838604 (7)

1. Corporation Name
CANAM STEEL CORPORATION

Principal Place of Business Mailing Address
P O BOX C-285 P O BOX C-285
POINT OF ROCKS MD 21777-7285 POINT OF ROCKS MD 21777-7285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/16/1977		3a. Date of Last Report 04/27/1994	
4. FEI Number 52-0998510		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for international tax under S. 199 (1972 Florida Statutes) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 52-0998510		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip 29		Country 30	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUTIL, MARCEL 1296 REDPATH CRESCENT MONTREAL CA	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	S GODIN, PHILIP 714 MEADOW FIELD CT. MT. AIRY MD	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Thomas Pistorino 108 Alessandro Ct., #176 Frederick, MD 21702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHILLING, DONALD 7198 STILLWATER CT FREDERICK MD	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	DO GOUIN, BERNARD 208 GROVE BLVD FREDERICK MD	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See Attached Sheet
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 liquidator empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in the alternate form of which, in address.

SIGNATURE: *[Signature]* TREASURER **6/6/95** (30) 874-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

838604

CANAM STEEL CORPORATION
Schedule of Officers and Directors
January 1, 1995

<u>Office</u>	<u>Name</u>	<u>Number & Street</u>	<u>City</u>	<u>State</u>	<u>Country</u>	<u>Zip</u>
President	Marcel Dutil	1296 Redpath Cresent	Montreal	Quebec	Canada	H3G2K1
Vice-President	Mario Bernard	4800, 10e Rue Sartigan	St. Georges, East	Quebec	Canada	G5Y5B8
Vice-President	John Greene	13 Deer Trail	Labadie	MO	US	63055
Vice-President	Marc Dutil	11160, 9e Avenue	St. Georges	Quebec	Canada	G5Y1J1
Vice-President	Kurt Langsenkamp	2810 N.E. 41st Court	Ft. Lauderdale	FL	US	33308
Treasurer	Donald Schilling	7196 Stillwater Court	Frederick	MD	US	21702
Secretary	Thomas Pistorino	108 Alessander Ct., #178	Frederick	MD	US	21702

<u>Directors</u>		
	Marcel Dutil	see above
	Marc Dutil	see above
	Donald Schilling	see above

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE CORPORATIONS

DOCUMENT # 838841 (5)

HAMBURGER INTERNATIONALE RUCKVERSICHERUNG AKTIEN GESELLSCHAFT CORP.

Principal Place of Business: 3751 MAGUIRE BOULEVARD SUITE 151 ORLANDO FL 32803
Mailing Address: 3751 MAGUIRE BOULEVARD SUITE 151 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/27/1977	01/20/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1753535	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
CHILTINGTON-OMNI SERVICES INC 3751 MAGUIRE BLVD STE 151 ORLANDO FL 32803				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CHILTINGTON-OMNI SERVICES INC 3751 MAGUIRE BLVD STE 151 ORLANDO FL 32803				B1 Name	SHERMAN A. EVANS
				B2 Street Address (P.O. Box Number is Not Acceptable)	3751 MAGUIRE BLVD SUITE 151
				B3	
				B4 City	ORLANDO
				B5 State	FL
				B6 Zip Code	32803

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: *Sherman A Evans* SHERMAN A EVANS DATE: 8 JUN 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T HUTCHINSON, KENNETH A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3751 MAGUIRE BLVD #151	1.2 NAME	
STREET ADDRESS	ORLANDO, FL 00000	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
P	WALTHER, PAUL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3751 MAGUIRE BLVD #151	2.2 NAME	
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
D	EILERS, WOLFGANG	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECKELHOERN 5	3.2 NAME	
STREET ADDRESS	HAMBURG, GERMANY	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
C	SOLL, REINER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECKELHOERN 5	4.2 NAME	
STREET ADDRESS	HAMBURG, GERMANY	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
SV	EVANS, SHERMAN A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3751 MAGUIRE BLVD., #151	5.2 NAME	
STREET ADDRESS	ORLANDO FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as registered, or on an attachment with an address.

SIGNATURE: *Sherman A Evans* SHERMAN A EVANS DATE: 8 JUN 1995 407 985 0288

CR2E034 (3/95)