

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P02307 (7)**  
1. Corporation Name  
**DADE LEASE MANAGEMENT, INC.**



Principal Place of Business Mailing Address  
**427 BEECH STREET SCOTTSVILLE KY 42164**

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	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified <b>06/06/1984</b>	3a. Date of Last Report <b>04/05/1995</b>
4. F.E.T. Number <b>36-3299691</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature typed or printed name of registered agent and title if applicable \_\_\_\_\_ 2001 Registered Agent's signature required when not a director \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDC</b>	1.1 TITLE	<b>T</b>
NAME	<b>TURNER, CAL, JR.</b>	1.2 NAME	<b>TOM STOLTZ</b>
STREET ADDRESS	<b>104 WOODMONT BLVD 500</b>	1.3 STREET ADDRESS	<b>104 WOODMONT BLVD 500</b>
CITY - ST - ZIP	<b>NASHVILLE TN</b>	1.4 CITY - ST - ZIP	<b>NASHVILLE TN 37205</b>
TITLE	<b>VSD</b>	2.1 TITLE	
NAME	<b>CARPENTER, BOB</b>	2.2 NAME	
STREET ADDRESS	<b>104 WOODMONT BLVD 500</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VTD</b>	3.1 TITLE	
NAME	<b>GARNER, KENT</b>	3.2 NAME	
STREET ADDRESS	<b>104 WOODMONT BLVD 500</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b>	4.1 TITLE	
NAME	<b>STELMACH, LEIGH</b>	4.2 NAME	
STREET ADDRESS	<b>104 WOODMONT BLVD 500</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b>	5.1 TITLE	
NAME	<b>ENNIS, MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>104 WOODMONT BLVD 500</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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 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: *Tom Stoltz* / Tom Stoltz, Interm CFO 3/27/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)