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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P17955 (6)
1. Corporation Name
COURTESY LEASING, INC.



Principal Place of Business: 4141 WALL STREET MONTGOMERY AL 36106 US
Mailing Address: P O BOX 4308 MONTGOMERY AL 38103-4308 US

3. Date Incorporated or Qualified: 02/08/1988
3a. Date of Last Report: 04/17/1996
4. FEI Number: 63-0545936
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. State, Apt. #, etc. 22. City & State 23. Zip Country 24. 25. 26. Mailing Address: 26. State, Apt. # etc. 27. City & State 28. Zip Country 29. 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: 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		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NOLAND, THOMAS F.		1.2 NAME	
STREET ADDRESS: 4141 WALL ST		1.3 STREET ADDRESS	
CITY, ST, ZIP: MONTGOMERY AL		1.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROBINSON, B. NEAL		2.2 NAME	
STREET ADDRESS: 4141 WALL STREET		2.3 STREET ADDRESS	
CITY, ST, ZIP: MONTGOMERY AL		2.4 CITY-ST-ZIP	
TITLE: STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PARKER, A.M.		3.2 NAME	
STREET ADDRESS: 4141 WALL ST		3.3 STREET ADDRESS	
CITY, ST, ZIP: MONTGOMERY AL		3.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BYRD, H.P.		4.2 NAME	
STREET ADDRESS: 4141 WALL STREET		4.3 STREET ADDRESS	
CITY, ST, ZIP: MONTGOMERY AL		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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 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: *A.M. Parker* A.M. PARKER, SEC. TREAS. 3-21-97 234-244-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)