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

DOCUMENT # 288125

(8)

RODAR LEASING CORPORATION

`

Principal Place of Business

Mailing Address

FILED Apr 17 1996 8:00 am Secretary of State

	9 EIKO: 8111 BIO	18 BIBIK B3BD	
. 16) 61 16161 1761		(1 BIBIL 8381)	
 	8 II 884 BIII 818		

3654 CYPRES TAMPA FL 33	=	3654 CYPRESS TAMPA FL 33607					
					 Date Incorporated or Qualified 12/23/1964 	3a. Date of Last Re 02/16/1999	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Δ	pplied For
21		26			59-1090276		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T T T T	Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution) May Be I to Fees
Zφ	Country	Zip	Countr	у	8. This corporation has liability for in Florida Statutes		199.032,
24	25 25 9. Name and Address of Currer	29 Agent	[30]		10. Name and Address of New R		
	g. Name and Address of Conter	it registered Agent	81	Name		- 3	
DAHL,DA	NODELI						
5119 PO			82	Street Add	lress (P.O. Box Number is Not Acceptab	ie)	
TAMPA I			83	 			
IOMIA			ļ				- <u></u>
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above	named corpo	pration submits this statement for the pur	pose of changing its re	egistered office
or register	red agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorize	id by the con	poration's boa	ard of directors. I hereby accept the appoint	ointment as registered	agent. I am
	ari, and accept the conganone or, econ	1017007,000011101100 0,0101000					
SIGNATURE ,	Signature, typed or printed name of registered agent	Land tile if applicable. (NOT	E: Registered Ag	ent signature require	ed when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	CD	☐ DELETÉ	. 1. 1 TITLE		VALUE COLD T	Change	Addition
NAME	DAHL, DARRELL A		1.2 NAME		HAWK, ROBIN T	CUTH	
STREET ADDRESS	5119 POE AVE.		1.3 STREE	T ADDRESS	331 SLIH AVENUE	355(1)	
CITY-ST-ZIP	TAMPA FL		1.4 CITY -		ST. PETERIALRY FL		T A LES
TITLE	D	☐ DELETE	2. 1 THTLE			Change	☐ Addition
NAME	DAHL, JORDIS		2.2 NAME				
STREET ADDRESS	5119 POE AVENUE		2.3 STRE	ET ADDRESS			
CITY - ST - ZIP	TAMPA FL	E DELETE	2 4 CITY			Change	Addition
TITLE	TS HILANITA II	☐ DELETE	3 1 TITLE			☐ Change	T3 Modition
NAME	MASSEY, JUANITA H.	•	3.2 NAME				
STREET ADDRESS	1612 COTTAGEWOOD DRIVE			ET ADDRESS			
CITY-ST-7IP	BRANDON FL PD	□ DELETE	3.4 CHY-			Change	Addition
TITLE	DAHL, DARRELL A. JR.	TT nerric	4. 1 TITLE			□ One-ige	L. Maderion
NAME	4405 W. CLEVELAND		4.2 NAMI				
STREET ADDRESS	TAMPA FL			ET ADDRESS			
CITY-ST-ZIP THILE	V	DELETE	4.4 CITY- 5. 1 TITLE			[] Change	☐ Addition
ł	JUDGE, DONALD D.	W) beccie	5.1 MAM	1			
NAME STREET ADDRESS	808 EL DORADO AVE			ET ADDRESS			
	CLEARWATER FL		5.3 STRE				
CITY-S1-ZIP TITLE	OLD WITH TE	[] DELETE	6 1 TiTL			☐ Change	Addition
NAME		<u> </u>	6.2 NAM	į.		<u>. </u>	_
STREET ADDRESS				ET ADDRESS			
			64 CITY				
CITY-ST-ZIF			04 0111	Ov. En			

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 eath; 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 granged, or on an attachment with an address.

SIGNATURE:

SNATURE AND THE SA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 (813)870-0340

CR2F034 (12)