## 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 #

321930

(0)

**FILED** Mar 13 1996 8:00 am Secretary of State

I INDIAN BIJE	III II	

EEDDO.	LEACING	CORPORATION	•
rennu	LEASING	CURPURATION	ı

er Pr	incipa Place of Business	·		ailing Address						
SUITE 1905 11111 BISCAYNE BLYD			SUITE 1905 11111 BISCAYNE BLVD							
	MIAMI FL 33181-3404	IF FL 33181-3404 MIAMI FL 33181-3404		404			<ol> <li>Date Incorporated or Qualified</li> <li>10/13/1967</li> </ol>	3a. Date of Last Report 02/21/1995		
2.	Principal Place of Busines	iS	2a	. Mailing Address				4. FEI Number	<del></del>	Applied For
21			26					59-1196294		Not Applicable
22	Suite, Apt. #, etc		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required
23	City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution	X	\$5.00 May Be Added to Fees
24		Country 5	29	Zip	30	untry		8. This corporation has liability for i Florida Statutes Yes	ntangible No	tax under s. 199.032,
	g. Name a	g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
						81	Name			
FEUERRING, RALPH R 667 OCEAN BLVD				82 Street Address (P.O. Box Number is Not Acceptable)						
	GOLDEN BEACH F	L 33160				83				
						84	City		F	85 Zip Code
11	<ul> <li>Pursuant to the provision or registered agent, or b familiar with, and accept</li> </ul>	oth, in the State of F	lorida. Such	n change was autho	orized by the	corp	amed corpor oration's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of c pintment a	hanging its registered office as registered agent. I am

SIGNATURE Stignal incluyeed or printed marne of registered agent and their applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE THEF 1. 1 10LE Change NAME FEUERRING, RALPH 1.2 NAME STHEET ADDRESS 667 OCEAN BLVD. 1.3 STREET ADDRESS GOLDEN BEACH FL 33160 0174-53-712 1.4 CHTY - ST - ZIP TELE DELETE 2 1 TiTLE ASSISTANT SECRETARY DIRECTORY Change NAME FEURRING, MARLENE 22 NAME FEUERRING MARLENE STREET ADDRESS 667 OCEAN BLVD. 2.3 STREET ADDRESS OLIVERS COVE LANE CITY S' ZIP **GOLDEN BEACH FL** 24 CHTY-ST-ZIP WATERMITH NEW YORK [] DELETE ☐ Addition HILL 3 1 TITLE Change NAM: FEURRING.GERTRUD 3.2 NAME STREET ADDRESS 55 CENTRAL PARK WEST 3.3 STREET ADDRESS CHY-ST-ZIP NEW YORK NEW YORK 3 4 CITY - ST - ZIP TillE □ DELETE V.P. & SECRE TARY Change 4.1 TITLE ☐ Addition DVP NAM: HILL, NICOLE 4.2 NAME Him, Ni COLE STREET ADDRESS **6 HAMPTON ROAD** GHANLTON ROAD 4.3 STREET ADDRESS NEW YORK 10577 PURCHASE NY C:TY - \$1 - 7IP 4 4 CITY - ST - ZIP PUR CHASC, DELETE TaltE ☐ Change ☐ Addition 5 1 TITLE NAM-5 2 NAME STREET ADURESS 5.3 STREET ADDRESS 011Y - \$1 - 7IF 5 4 City - ST - ZIP DELETE THLE 6 1 TITLE ☐ Change ☐ Add-tion 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - \$1 - 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. It at I am an office or director of this corporation or the receiver or fustoe 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 a state-time to with an address.

SIGNATURE:

SIGNATURE AND OF SIGNING OFFICER OF DIRECTOR