FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005787

MOCERI LEASING INC

Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90026 003 ***150.00

FILED

Principal Place of Business Mailing Address P.O. 80X 9 PUTALLIP WA 98371 PUTAL	P.O. BOX 9 PUYALLUP WA 9 2. Principal Pla 21 Suite, Apt. # 22 City & State 23 Zip 24	Ace of Business #, etc. Country 25	P.O. BOX 9 PUYALLUP W 2a. Mailing A 26 Suite, Ap 27 City & Si 28 Zip	Address ot. #, etc.			DO NOT WRITE IN THIS SPAC 3. Date Incorporated or Qualifed 12/21/1993 4. FEI Number 91-0778654 5. Certificate of Status Desired	Applied For Not Applicable 75 Additional	
PUYALLUP WA 98371 PUYALLUP WA 98371 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified 12/2/1/1993 2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualified 12/2/1/1993 2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualified 12/2/1/1993 3. FEI Number 3. FOR Additional 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 12/2/1/1993 3. Certificate of Status Desired \$8.75 Additional 3. Fee Required 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. Principal Place of Business 3. Fee Required 3. Date incorporation in This SpAcE 3. Certificate of Status Desired \$8.75 Additional 3. South, Apt. #, etc. 3. Date incorporated or Qualified 3. Date incorporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. This corporated or Qualified 3. This corporated or Qualified 3. This corporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. This corporated or Qualified 3. This corporated or Qualified 3. Suite, Apt. #, etc. 3. Date incorporated or Qualified 3. This corporated or Qualified 3. This corporated or Qualified 3. Name and Address of New Registered Agent 3. Suite, Apt. #, etc. 3. Sui	2. Principal Pla 21 Suite, Apt. # 22 City & State 23 Zip 24	country	PUYALLUP W 2a. Mailing A 26 Suite, Ap 27 City & Si 28 Zip	Address			3. Date Incorporated or Qualifed 12/21/1993 4. FEI Number 91-0778654 5. Certificate of Status Desired 5. Election Comparing Financials 5. Status Desired 5. Election Comparing Financials	Applied For Not Applicable .75 Additional	
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 12/21/1993 2. Principal Place of Business 2. Mailing Address 3. A. FEI Number 3. Applied For 791-0778654	2. Principal Pla 21 Suite, Apt. # 22 City & State 23 Zip 24	country	2a. Mailing A 26 Suite, Ap 27 City & Si 28 Zip	Address			3. Date Incorporated or Qualifed 12/21/1993 4. FEI Number 91-0778654 5. Certificate of Status Desired 5. Election Comparing Financials 5. Status Desired 5. Election Comparing Financials	Applied For Not Applicable .75 Additional	
2. Principal Place of Business	21 Suite, Apt. # 22 City & State 23 Zip 24	Country	26 Suite, Ap 27 - City & Si 28 Zip	ot. #, etc.			3. Date Incorporated or Qualifed 12/21/1993 4. FEI Number 91-0778654 5. Certificate of Status Desired 5. Election Comparing Financials 5. Status Desired 5. Election Comparing Financials	Applied For Not Applicable .75 Additional	
2. Principal Place of Business	21 Suite, Apt. # 22 City & State 23 Zip 24	Country	26 Suite, Ap 27 - City & Si 28 Zip	ot. #, etc.			12/21/1993 4. FEI Number 91-0778654 5. Certificate of Status Desired	Not Applicable 75 Additional	
2. Principal Place of Business 2. Mailing Address 3. Principal Place of Business 2. Mailing Address 3. Principal Place of Business 3. Principal Place of Business 3. Next Applicable 3. State 3. City & State 3. Next and Contribution 3. St. Ob May be a holder of Peas Pacified 3. Next and Contribution 3. St. Ob May be a holder of Peas Pacified 3. Next and Address of Current Registered Agent 3. Next and Address of New Registered Agent	21 Suite, Apt. # 22 City & State 23 Zip 24	Country	26 Suite, Ap 27 - City & Si 28 Zip	ot. #, etc.			4. FEI Number 91-0778654 5. Certificate of Status Desired	Not Applicable 75 Additional	
Suite, Apl. #, etc. Suite, Apl. #, etc.	21 Suite, Apt. # 22 City & State 23 Zip 24	Country	Suite, Ap 27 City & Si 28 Zip	<u></u>			5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Status Desired 5	.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired \$5.00 May Be Addition Status Desired	Suite, Apt. # 22 City & State 23 Zip 24	Country 25	27	<u></u>			5. Certificate of Status Desired		
City & State	City & State 23 Zip 24	Country 25	28 Zip		<u>~</u>		a Floring Compaign Financing	ee Required	
Z3	Zip 24	Country 25	28 Zip	tate			6. Election Campaign Financing \$5	Fee Required	
Zip	Zip	25	Zip				Trust Fund Contribution Added to Fees		
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the advanced by the corporation's board of directors. I hereby accept the appointment as 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, the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature PD	24	25	·		Country	·			
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 84 City 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 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, 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, 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, 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, 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, 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, or both provided agent and title if applicable. In the such accept the purpose of changing its registered agent and title if applicable. In 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 of the purpose of changing its registered agent. In 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 of the purpose of changing its registered agent. In the purpose of changing its registered agent and corporation submits this statement for the purpose of changing its registered agent. In the purpose of changing its registered agent and corporation submits this statement			F						
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 84 City 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 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 607.0502, Florida Statutes. SIGNATURE Signature, hope or printed name of registered agent and trifle if applicable. (NOTE Registered Agent signature regulated when resistating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE PD DELETE 1.1 TITLE PD DELETE 1.1 TITLE PD DELETE 1.2 TITLE PD DELETE 1.3 STREET ADDRESS CITY-ST-ZP PUYALLUP WA 98371 TITLE VSD WOCERI, JOANE T STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZP PUYALLUP WA 98371 DELETE 3.1 TITLE 3.3 TITLE 4.4 City 4.4 City 4.4 City 4.5 TITLE 4.4 TITLE 4.4 TITLE 5.5 T					<u> </u>		1 Clacitar reports raxi		
1200 S. PINE ISLAND RD. PLANTATION FL 33324 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME MOCERI, STEPHEN P 12.NAME 12.NAME NOCERI, STEPHEN P 17.15 41ST ST PL SE 13. STREET ADDRESS 17.15 41ST ST PL SE 13. STREET ADDRESS 17.15 41ST ST PL SE 14. CITY-ST-ZIP PUYALLUP WA 98371 14. CITY-ST-ZIP NOCERI, JOANE T 22.NAME 33. STREET ADDRESS CITY-ST-ZP PUYALLUP WA 98371 DELETE 33. STREET ADDRESS CITY-ST-ZP PUYALLUP WA 98371 DELETE 33. STREET ADDRESS CITY-ST-ZP PUYALLUP WA 98371 Change Addition AME STREET ADDRESS CITY-ST-ZP TITLE DELETE 4.1 TITLE Change Addition Change Additi		J. Hame and Hadrood C. Can.	ent registered Age		81	Name			
PLANTATION FL 33324 83 84	CT(CORPORATION SYSTEM					(D.O. O. Maria Mar		
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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature PD	1200	S. PINE ISLAND RD.			82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
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 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, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pretted name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 12.	PLAN	ITATION FL 33324			83				
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 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, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the provisions of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prented name of registered agent and the if applicable. (NOTE Registered Agent signature required when reinstating) DATE								7:- 0-4-	
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 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, and the state of Florida. Statutes agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes) SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNAT					84	City	FŁ 85	Zip Code	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD MOCERI, STEPHEN P 1715 41ST ST PL SE CITY-ST-ZIP PUYALLUP WA 98371 TITLE VSD MOCERI, JOANE T STREET ADDRESS CITY-ST-ZIP TITLE MOCERI, JOANE T STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE 2.2 NAME 1.2 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition Addition Addition Addition AMME STREET ADDRESS STREET ADDRESS A. CITY-ST-ZIP TITLE A. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition Addition Addition AMME STREET ADDRESS STREET ADDRESS A. CITY-ST-ZIP TITLE A. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS	11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, I	Florida Statutes	, the above	e-named corpo	pration submits this statement for the purpose of changi	ng its registered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	office or re	nistered agent or both in the Stat	te of Florida. Such c	:hange was auti	horized by	the corporatio	n's board of directors. I hereby accept the appointment	as registered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Repistered Agent signature required when reinstating) 12.	ļ -	r farminar with, and accept the obig	galloris or, decilori c	507.0000, 710110	a Olalaio	•		ļ	
TITLE PD DELETE 1.1 TITLE	SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: R	egistered Ager	nt signature required	when reinstating) DATE		
MOCERI, STEPHEN P STREET ADDRESS CITY-ST-ZIP TITLE VSD NAME MOCERI, JOANE T STREET ADDRESS CITY-ST-ZIP TITLE TTO DELETE TTO STREET ADDRESS CITY-ST-ZIP TITLE NAME MOCERI, JOANE T STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.2 NAME 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 4.1 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS A.CITY-ST-ZIP TITLE DELETE Addition Addition Addition Addition Addition Addition Addition AME STREET ADDRESS STREET ADDRESS A.STREET ADDRESS	12.	OFFICERS A	AND DIRECTORS		13.				
STREET ADDRESS 1715 41ST ST PL SE	TITLE		[DELETE	1.1 TITLE			ange	
CITY-ST-ZIP	NAME				1.2 NAME				
TITLE VSD DELETE 2.1 TITLE Change Addition NAME MOCERI, JOANE T STREET ADDRESS 1715 41ST ST PL SE CITY-ST-ZIP PUYALLUP-WA-98371 2:4 CITY-ST-ZIP TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE 4.1 TITLE 5.2 Change Addition NAME 4.2 NAME STREET ADDRESS 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS	STREET ADDRESS				1.3 STREE	T ADDRESS			
NAME	CITY-ST-ZIP				1.4 CITY-S	ST-ZIP		- Addison	
STREET ADDRESS 1715 41ST ST PL SE 2.3 STREET ADDRESS CITY-ST-ZIP	TITLE		(DELETE	2.1 TITLE			ange Addition	
CITY-ST-ZIP	NAME								
TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME 32 NAME CITY-ST-ZIP 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE Change Addition NAME 4.1 TITLE Change Addition STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS	STREET ADDRESS				1)			
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS 4.2 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS	1	PUYALLUP WA 98371			_	ST-ZIP		ange D Addition	
STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS	i i		4	DELE!E			[](unge [] Addition	
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS	l l					T + 1000500			
TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS					1				
NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS	†			DELETE		SI-ZIP		nange Addition	
STREET ADDRESS 4.3 STREET ADDRESS			'		•		<u>_</u>	.	
STEEL PROBLEMS					1	i			
L AID A TIDE A A CITY ST. 7ID 1	1					f			
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE □ DELETE 5.1 TITLE □ Change □ Addition	-			DELETE		11-215		nange	
NAME 52 NAME	1 [•				_	_	
STREET ADDRESS 5.3 STREET ADDRESS	[T ADDRESS			
CITY-ST-ZIP 5.4 CITY-ST-ZIP									
				DELETE	6.1 TITLE			nange	
NAME 6.2 NAME	1				6.2 NAME				
STREET ADDRESS 6.3 STREET ADDRESS	1				6.3 STREE	T ADDRESS			
	CITY-ST-ZIP				6.4 CITY-S	l l			

14. I 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, with all other like empowered.

SIGNATURE:

(ə53)845-71∞