

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -1 PM 4:34

DOCUMENT # F98000001835

1. Corporation Name  
**REPUBLIC LEASING CORPORATION**

Principal Place of Business  
5353 WAYZATA BLVD., #506  
MINNEAPOLIS MN 55416

Mailing Address  
5353 WAYZATA BLVD., #506  
MINNEAPOLIS MN 55416

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip	
City & State		City & State		Country		Country		Country	
Zip		Zip		Country		Country		Country	

3. Date Incorporated or Qualified <b>03/31/1998</b>	
4. FEI Number <b>41-0940841</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**POMERANZ, MARK L**  
12955 BISCAYNE BLVD., #202  
NORTH MIAMI FL 33181

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 *[Signature]* DATE **10/26/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PARR, ANTHONY	
STREET ADDRESS	15815 15TH PLACE N.	
CITY-ST-ZIP	PLYMOUTH MN 55447	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GRUNDL, THEODORE	
STREET ADDRESS	4000 ZANZIBAR LANE	
CITY-ST-ZIP	PLYMOUTH MN 55446	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HILBERT, BARBARA	
STREET ADDRESS	4809 ELLIOT AVE S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55417	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LUTHER, RUDY D	
STREET ADDRESS	72 WOODLAND CIRCLE	
CITY-ST-ZIP	EDINA MN 55436	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	C. David Luther	
4.3 STREET ADDRESS	16 Paddock Road	
4.4 CITY-ST-ZIP	Edina, MN 55436	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	R. Dan Luther	
4.3 STREET ADDRESS	72 Woodland Circle	
4.4 CITY-ST-ZIP	Edina, MN 55436	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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\*\*\*750.00 \*\*\*750.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* DATE: **9/21/99** DAYTIME PHONE #: **612-593-5755**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Barbara Hilbert, Secretary**

CR2E034 (1/1/98)