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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90084 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # H45515

1. Corporation Name
SYGNET LEASING COMPANY

Principal Place of Business
5798 WEST SHORE DRIVE
NEW PORT RICHEY FL 34652

Mailing Address
5798 WEST SHORE DRIVE
NEW PORT RICHEY FL 34652



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1985

4. FEI Number
59-2504242

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAPPAS, HARRY
5798 WEST SHORE DRIVE
NEW PORT RICHEY FL 34652

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 Anessa Pappas v.p.

(NOTE: Registered Agent signature required when reinstating)

4/20/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME PAPPAS, MARTHA
STREET ADDRESS 5798 WEST SHORE BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34652

1.1 TITLE P Change Addition
1.2 NAME HARRY PAPPAS
1.3 STREET ADDRESS 5798 West Shore dr.
1.4 CITY-ST-ZIP New Port Richey Fl 34652

TITLE D DELETE
NAME HODGE, PAUL D
STREET ADDRESS 5798 WEST SHORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

2.1 TITLE VP Change Addition
2.2 NAME Anessa Pappas
2.3 STREET ADDRESS 5798 West Shore dr.
2.4 CITY-ST-ZIP New Port Richey Fl 34652

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE T Change Addition
3.2 NAME Angela Pappas
3.3 STREET ADDRESS 5798 West Shore dr.
3.4 CITY-ST-ZIP New Port Richey Fl 34652

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: [Signature] SIGNATURE REQUIRED

717-359-8111
4/20/99 717-359-8944

CR2E034 (11/98)