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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90157 039 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H94268
 1. Corporation Name
3-T LEASING INC.



Principal Place of Business 1001 W DR M.L.KING JR BLVD PLANT CITY FL 33566-5150 US	Mailing Address 1001 W DR. M.L.KING JR BLVD PLANT CITY FL 33566-5150 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/13/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2809921	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VENKITESWARAN, V.
2908 FOREST CLUB DR.
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	KAVARANA, F K	
STREET ADDRESS	24 HOMI MODI ST	
CITY-ST-ZIP	BOMBAY IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VENKITESWARAN, V.	
STREET ADDRESS	2908 FOREST CLUB DR.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SETH, D. S.	
STREET ADDRESS	HOMI MODY ST. #24	
CITY-ST-ZIP	BOMBAY 40001 INDIA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRISHNA, KUMAR R K	
STREET ADDRESS	1 BISHOP LEFROY RD	
CITY-ST-ZIP	CALCUTTA IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASHCROFT, L.D.	
STREET ADDRESS	PO BOX 1526 N/A	
CITY-ST-ZIP	TRUTH OR CONSEQUENCES NM	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McCloskey, John
1.3 STREET ADDRESS	2601 Schartz Ave.
1.4 CITY-ST-ZIP	Bronx NY
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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 REQUIRED** 4/13/99 813 754 2602
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)