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

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90062 046 ***158.75

DOCUMENT # **J54339**

1. Corporation Name
FREEPORT LEASING OF FLORIDA CORP.

[redacted]

Principal Place of Business
% PHILIP M. WARREN
3350 E ATLANTIC BLVD.
POMPANO BEACH FL 33062

Mailing Address
% PHILIP M. WARREN
3350 E ATLANTIC BLVD.
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/26/1987

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **NOT APPLICATION** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

WARREN, PHILIP M.
3350 E ATLANTIC BLVD
POMPANO BEACH FL 33062

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 RICHARD W. HENRY April 9 1999
Signature of typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, RICHARD W.	1.2 NAME	
STREET ADDRESS	108 FITZWILLIAM BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ONTARIO N6H 5H4 ON	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, SHIRLEY J.	2.2 NAME	
STREET ADDRESS	108 FITZWILLIAM BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ONTARIO N6H 5H4 ON	2.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, SHIRLEY J.	3.2 NAME	
STREET ADDRESS	108 FITZWILLIAM BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ONTARIO N6H 5H4 ON	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, RONALD	4.2 NAME	
STREET ADDRESS	108 FITZWILLIAM BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ONTARIO N6H 5H4 ON	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: 519-641-6211 519-661-6892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #