

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

**FILED**

**Mar 03 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K12007 (6)**

**1. Corporation Name  
DON L. LEASING GROUP R, INC.**



**Principal Place of Business**  
3250 NW 23 AVE 0-100  
POMPANO BEACH FL 33069

**Mailing Address**  
3250 NW 23 AVE 0-100  
POMPANO BEACH FL 33069-1047

**3. Date Incorporated or Qualified** 01/15/1988  
**3a. Date of Last Report** 02/26/1996

**4. FEI Number** 65-0026650  
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 has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

**25** Country

**26. Mailing Address**

**26** Suite, Apt. #, etc.

**27** City & State

**28** City & State

**29** Zip

**30** Country

**9. Name and Address of Current Registered Agent**

**LLOYD, MAXWELL**  
3250 NW 23RD AVE 0-100  
POMPANO BEACH FL 33069

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**12.1**  DELETE  
TITLE: PSTD  
NAME: LLOYD, MAXWELL  
STREET ADDRESS: 3250 NW 23 AVE STE 0-100  
CITY-ST-ZIP: POMPANO BEACH FL

**12.2**  DELETE  
TITLE: VD  
NAME: COHEN, STEPHEN  
STREET ADDRESS: 3250 NW 23RD AVE., SUTIE 0-100  
CITY-ST-ZIP: POMPANO BCH. FL

**12.3**  DELETE

**12.4**  DELETE

**12.5**  DELETE

**12.6**  DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**13.1**  Change  Addition  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**13.2**  Change  Addition  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**13.3**  Change  Addition  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**13.4**  Change  Addition  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**13.5**  Change  Addition  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**13.6**  Change  Addition  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**14. I do 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.**

**SIGNATURE:** \_\_\_\_\_ **01/25/97** **954-968-7900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)