FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M93469** **(8)**

1. Corporation Name

PYRAMID LEASING, INC.

Principal Place of Business	Mailing Address
2840 NW BOCA RATON BLVD SUITE 304 BOCA RATON FL 33431	2840 NW BOCA RATON BLVD SUITE 304 BOCA RATON FL 33431

3. Date Incorporated or Qualified: **08/09/1988**

3a. Date of Last Report: **02/17/1995**

4. FEI Number: **65-0089076** ☐ 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

2a. Mailing Address — 26 — Suite, Apt. # etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

9. Name and Address of Current Registered Agent

SPADA, RONALD M.
9651 VIA EMILIE
BOCA RATON FL 33428

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 607.0402 and 607.1502, 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

12. OFFICERS AND DIRECTORS

D
SPADA, RONALD M.
9651 VIA EMILIE
BOCA RATON FL

☐ DELETE

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

DPT — XX Change ☐ Addition

VP-s
Spada, Joseph R.
7480 Texas Trail
Boca Raton, FL:

☐ Change ☒ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is true, voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: _____ 1-17-96 401 361-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #