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

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90100 015 ***150.00

1. Corporation	MENT # M93469 D LEASING, INC.	9					
Principal Place	e of Business	Mailing Address			י וופוס וופר סוווס פופוס ווונן פסוסו פוו וופגוסקו ו	ום וופוס וופום וופוז	(B)) (B) (B) (B) (B) (B) (B) (B) (B) (B)
% COBRA CON	IST. INC	% COBRA CONST. INC			·		
1471 NEPTUNE	1471 NEPTINE DR			DO NOT WRITE IN THIS SPACE			
BOYNTON BEA	CH FL 33426	BOYNTON BEACH FL 33426 US			3. Date incorporated or Qualifed	OI NOL	
00					08/09/1988		ł
2. Principal P	lace of Business	2a. Mailing Address			4 FEI Number	Apr	olied For
21		26			65-0089076	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certifcate of Status Desired	\$8.75 A	
22		27			.	Fee Rec	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23	Country	Zip	Country		Trust Fund Contribution	Added to) Fees
Zip	Country 25	29 30	¬ .		This corporation owes the current year in Personal Property Tax.		□No
24	9. Name and Address of Curre		'		10. Name and Address of New Registered		
	3. Hambara yaran a		81	Name			
	DA, R ONALD M.		82	Ctroot	Address (P.O. Box Number is Not Acceptable)		
9651 VIA EMILIE			02	Street	Address (P.O. Box Number is Not Acceptable)		
BOC	A RATON FL 33428		83				
			84	City		85 Zip C	ode
٠				,	<u></u>	- I I	
office or ri	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered age	e of Florida. Such change was auth ations of, Section 607.0505, Florida	orized by a Statutes	the corpo	corporation submits this statement for the purpose of pration's board of directors. I hereby accept the apportunity approach the purpose of aquired when reinstating) DATE	intment as reg	jistered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE			Change	Addition
NAME	SPADA, RONALD M.		1.2 NAME				
STREET ADDRESS	9651 VIA EMILIE		1.3 STREET	T ADORESS			1
CITY-ST-ZIP	BOCA RATON FL 140		1.4 C/TY-S	T-ZIP			
TITLE	DS ☐ DELETE 2.11		2.1 TITLE	-		Change	☐ Addition
NAME	SPADA, JOSEPH R.		2.2 NAME	- (. [
STREET ADDRESS	7480 TEXAS TRAIL		2.3 STREET	TADDRESS	841 N.E. 69th STREET		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-S	ST-ZIP	BOCA RATON, FL 33487		
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			ļ
CITY-ST-ZIP		DELETE	3.4. CITY-S	ST-ZIP		☐ Change	Addition
TITLE			4.1 TITLE				
NAME			4. 2 NAME	TADORESS	,	•	
STREET ADDRESS			4.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	1- <u>U</u> F		Change	☐ Addition
NAME		_	5.2 NAME	ĺ			1
STREET ADDRESS			5.3 STREET	TADDRESS	•		ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE .	,	DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	ļ			
PERCENT ADDRESS			6.3 STREET	TADORESS			ł

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR