

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

FILED  
Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90105 012 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000046658

1. Corporation Name

R & S EQUIPMENT LEASING AND SALES, INC. OF FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 24278 PRODUCTION CIRCLE BONITA SPRINGS FL 34135 US	Mailing Address 24278 PRODUCTION CIRCLE BONITA SPRINGS FL 34135 US
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3. Date Incorporated or Qualified 06/15/1995	Applied For <input type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0593272	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75-Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

23. Zip Country	24. Zip Country
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7. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
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KUSHNER, STEVEN P  
1375 JACKSON STREET, SUITE 202  
FT. MYERS FL 33901

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHUTA, RICHARD	1.2 NAME	
STREET ADDRESS	24278 PRODUCTION CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONIT SPRINGS FL 34135	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHUTA, STEVE	2.2 NAME	
STREET ADDRESS	24278 PRODUCTION CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONIT SPRINGS FL 34135	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHUTA, SONIA	3.2 NAME	
STREET ADDRESS	24278 PRODUCTION CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHUTA, LORIE	4.2 NAME	
STREET ADDRESS	24278 PRODUCTION CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lorie Washuta* SECRETARY 2/2/99 (716) 754-8226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)