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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 16 1998 8:00am Secretary of State

	1998	DIVISION OF C	ORPORATIONS	Secretary	Ji State
1. Corporatio	MENT # K120 L. LEASING GROUP R,	\ /		(((((((((((((((((((HÁN GIỆN GIỆN ĐỊỆM ĐỊỆM ĐƯỢC
Principal Plac	e of Business	Mailing Address		1 102/6/15/ 001 3/6/10 (1811 081/1 081/4 106/ 0/0/1)	ifter mener diftil nener Stiffet som
3250 NW 23 AVE 0-100 3250 NW 23 AVE 0-100 POMPANO BEACH FL 33069 POMPANO BEACH FL 33					
1 0 1110	DEMONTE GOODS	TOMINIO DENOTITE D		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 01/15/1988	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# elc	Suite, Apt. #, etc.		65-0026650	Not Applicable \$8.75 Additional
22	n, 010.	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Cu	nteur Redistered Agent	B1 Name	10. Name and Address of New Hegistered	Ageni
	LOYD, MAXWELL 1250 NW 23RD AVE 0-100		ļ <u>.</u>		
POMPANO BEACH FL 33069			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ĺ	Om 7410 DE1011 1 E 00000		83		
			B4 City		85 Zip Code
				FL	_
11. Pursuant office or r	to the provisions of Sections 607 registered agent, or both, in the S	' 0502 and 607.1508, Florida Statute State of Florida: Such change was a	is, the above-named corp uthorized by the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	if changing its registered pointment as registered
agentia	m familiar with, and accept the c	obligations of, Section 607.0505, Flo	rida Statutes.		-
SIGNATURE	Signature, typi-1 or printed name of registers	ed agont and title diapplicable (NOTE	Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS	SAND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	LLOYD, MAXWELL	100	1.2 NAME		3
STREET ADORESS	3250 NW 23 AVE STE (POMPANO BEACH FL	F100	1.3 STREET ADDRESS		l ii S
CITY-ST-ZIP TITLE	VD VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	COHEN, STEPHEN		2.2 NAME		
STREET ADDRESS	3250 NW 23RD AVE., S	UTIE 0-100	2.3 STREET ADORESS		
CITY-ST-ZIP	POMPANO BCH. FL		2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		E Retric	4.2 NAME		C) Change C Addition
STREET ADDRESS			4.3 STREET ADDRESS		ļ.
CITY-\$T-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		\
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY+ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5 4 CITY-ST-ZIP		
TETLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. hereby c	certify that the information supply	dwith this filing does not qualify fo	6.4 City-St-ziP the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information

14. I hereby certify that the information supply dowith 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 eath; that I am an officer or director of the corporation or the regional or the

SIGNATURE: \

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954.968.790