

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90006 041 \*\*\*150.00

DOCUMENT # F98000000278

1. Corporation Name

LEASE AND RENTAL MANAGEMENT CORP.

Principal Place of Business

45 HAVERHILL ST.  
ANDOVER MA 01810

Mailing Address

45 HAVERHILL ST.  
ANDOVER MA 01810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

04-2651339

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	DELUCA, WILLIAM P JR.	
STREET ADDRESS	21 FARMER RD.	
CITY-ST-ZIP	WINDHAM NH 03087	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	COOK, MICHAEL R	
STREET ADDRESS	66 CENTRAL ST.	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DELUCA, KATHLEEN M	
STREET ADDRESS	21 FARMER RD.	
CITY-ST-ZIP	WINDHAM NH 03087	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DELUCA, WILLIAM P III	
STREET ADDRESS	32 GAUMONT RD.	
CITY-ST-ZIP	WINDHAM NH 03087	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, KATHLEEN R	
STREET ADDRESS	66 CENTRAL ST.	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	164 Range Road
4.4 CITY-ST-ZIP	Windham, NH 03087
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R Cook, Pres.

1/27/99

(978) 478-4883

Date

Daytime Phone #

CR2E034 (11/98)