May 10, 1999 8:00 am Secretary of State

05-10-1999 90009 039 ***150.00

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

DOCUMENT # 338906

1. Corporation Name

TOM ENDICOTT BENTAL LEASING CO

TOW EN	DIOOTI HENTAL ELAOINA	, 66.					
Principal Place	e of Business	Mailing Address			f 188158 itine šiint tetin initt natra arti ninit na	411 BFB?1 DIQIL B	11811 BIBIT 1881
1345 S FEDERA		1345 S FEDERAL HIGHWAY					
1010 O 1 CDLI III C 1 II C 1 I		POMPANO BEACH FL 33062			DO NOT METE IN THE	ODACE.	
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 12/13/1968		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		oplied For	
21		26		59-1227851		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & State	le	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added 1	to Fees
Zip	Country 25	Zip 30	Country		This corporation owes the current year Interpretation Personal Property Tax.	angible Yes	□No
	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered	Agent	
	o. Italia dia Fidaresa di della		81	Name			
	ICOTT, JOHN		02	Ctroot Add	roce (B.O. Box Number is Not Acceptable)		
1345 S. FEDERAL HWY.			02	82 Street Address (P.O. Box Number is Not Acceptable)			
POM	IPANO BEACH FL 33494		83				
			84	City	FL	85 Zip (Code
Office or I	registered agent, or both, in the Stati	e of Fiorida. Such change was autr	ionzea by	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	changing its ntment as re	registered egistered
Office or I	registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida. Such change was autr gations of, Section 607.0505, Florida	a Statutes	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its ntment as re	registered egistered
office or r agent. I a SIGNATURE	registered agent, or both, in the Stati am familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was autr gations of, Section 607.0505, Florida	a Statutes	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin		
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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 suppliemental 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 open attachment with an address, with all other like empowered.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

954-781-7700

Change

Addition

CR2E034 (11/98)