**FILED** 

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90015 038 \*\*\*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

1. Corporation	POSTAL LEASING, INC.					: : : : : : : : : : : : : : : : : : :	IERO BIRNI BI	1895 B18	11 <b>41 111 14 14</b>	
Principal Place of Business Mailing Address						- + INT(AN (CIOL COLCE DITTE DITTE DESIGN ACT) DIDIT O		1811 818	0 0 }  00	
P.O. BOX 8472 P.O. BOX 8472										
OAKLAND PARK FL 33310-5472 OAKLAND PARK FL 33310-547			)-5472			DO NOT WEST IN THE	00405			
						DO NOT WRITE IN THIS	SPACE			
						3. Date Incorporated or Qualifed 07/28/1971				
<b>A</b> Data it al Di	and of Divisions	2a. Mailing Address				4. FEI Number	$ \Box$	Appli	ied For	
2. Principal Place of Business		26				65-0103575	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				,	\$8.7	<b>5</b> .Ad	ditional	
22		27			-	-5: Certifcate of Status Desired	Fee	Requ	uired	
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year In		_	<b>.</b>	
24	25	29	30			Personal Property Tax.	☐ Yes		]No	
	9. Name and Address of Current	Registered Agent		04T	Mana	10. Name and Address of New Registered	Agent			
DANK	CALLO JAMES I			81	Name					
PANCALLO,JAMES L. 2210 W OAKLAND PARK BLVD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE FL 33310				83		<del>_</del>	<u> </u>			
, 011	CAUDENDALE I E 000 IV			63						
			-	84	City	FL	85	Zip Co	ode	
office or re	egistered agent or both in the State (	nf Florida. Such change was	authorized	DV U	named corporation	pration submits this statement for the purpose of in's board of directors. I hereby accept the appo	changing	g its re s regis	egistered stered	
agent. I ar	n familiar with, and accept the obligat	ions of, Section 607.0505, FI	orida Statu	tes.						
SIGNATURE	Signature, typed or printed name of registered agent	t and title of copilicable (NOT	F: Registered A	agent	skinature required	d when reinstating) DATE				
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTOR	S IN 12	
TITLE			1.1 TITL	1.1 TITLE		<u> </u>	Char	nge	Addition	
NAME	17		1.2 NAM	1.2 NAME						
STREET ADDRESS	2210 W OAKLAND PARK BLVD		1.3 STF	REET	ADDRESS					
CITY-ST-ZIP	OAKLAND PARK FL		1.4 CIT	1.4 CITY-ST-ZIP						
TITLE	☐ DELETE		2.1 TITL	2.1 TITLE		,	Char	nge	☐ Addition	
NAME			2.2 NA	ΝE	İ	1				
STREET ADDRESS			2.3 STF	REET /	ADDRESS					
CITY-ST-ZIP			2. 4 CIT	Y-\$T	-ZiP			<u> </u>	· Contraction	
TITLE		☐ DELETE	3.1 TM	LΕ		·	☐ Char	nge	Addition	
NAME			3.2 NAJ							
STREET ADDRESS			3.3 STF	REET	ADDRESS					
CITY-ST-ZIP		D DELETE	3.4. CiT		-ZiP		Chai	nne	Addition	
TITLE		☐ DELETE	4.1 TITI					go		
NAME			4. 2 NA		LDBBEOG					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CIT		-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Cha	nge	Addition	
TITLE			5.1 MA					•		
NAME OTDEET ADDOESS			1		ADDRESS					
STREET ADDRESS			5.4 CIT		Į.	•				
CITY-ST-ZIP TITLE		☐ DELETE	61 TITI		<del>'</del>		☐ Cha	nge	☐ Addition	
NAME			6.2 NA	ME						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)