Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90194 018 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

		**************************************				7		
DOCUI	MENT # 409652							
1. Corporation Name QUALITY AUTO LEASING INC.								
GONETT						i rodiki didir adila idiko dikal dikid ikal akali f	AKON OKAN BIRDI OT	AN ANNI IRRI
	•							
Principal Place	of Business	Mailing Address	Mailing Address			- I (ESIGI DIDIL SDIIS INGE DIIN) DISID ISBU DIDIS I	(FOX) DIBIL DIBIL BI	TIL BIRIL (RDI
2280 10TH STREET S.E.		2280 10TH STREET S.E.						
LARGO FL 33771		LARGO FL 33771				DO NOT MORE IN THE SPACE		
US		US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					_	09/28/1972		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		olied For
21		26				59-1511290		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			· -	5. Certificate of Status Desired	\$8.75 A Fee Red	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to			
Zip	Country	Zip Country			-	8. This corporation owes the current year In		
24		29 30	<u> </u>			Personal Property Tax.		□No
<u> </u>	9. Name and Address of Current	t Registered Agent	81	Nar		10. Name and Address of New Registered	Agent	
DIAMOND, ROBERT F			"	INA	iie	·		
	10TH STREET S.E.		82	Stre	Street Address (P.O. Box Number is Not Acceptable)			
	GO FL 33540		83					
B 11/0/0 12 00010								
	·		84	City	,	FI	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607 0502	2 and 607.1508. Florida Statutes.	the abov	e-nam	ed como	oration submits this statement for the ournose of	f changing its	registered
office or o	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such channa was aufh	IODZAO DV	ina c	orporatio	on's board of directors. I hereby accept the appo	intment as reg	istered
Į.	m lamillar with, and accept the obligat	ions or, section our todas, i londa	a Diames	.				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Age	mt signal	ure required	d when reinstating) - DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PTD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	DIAMOND, ROBERT F		1.2 NAME		1			
STREET ADDRESS	13379 84TH TERRACE NORTH		1.3 STREET ADDRESS		SS			
CITY-ST-ZIP	SEMINOLE FL 33776		1.4 CITY-S	ST-ZIP				
TITLE	VSD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	DIAMOND, FRANCES		2.2 NAME					
STREET ADDRESS	13379 84TH TERRACE NORTH	DRIH		2.3 STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL 33776	MINULE FL 337/6		2.4 CITY-ST-ZIP			☐ Change	☐ Addition
TITLE	D	☐ pereis	3.1 TITLE					
NAME	DIAMOND, DOROTHY			3.2 NAME				
STREET ADDRESS	7296 121ST WAY NORTH SEMINOLE FL 33776		3.3 STREET ADDRESS		299			
CITY-ST-ZIP	SEMINULE PL 33776	DELETE	3.4. CITY+ST+ZIP 4.1 TITLE				☐ Change	Addition
TITLE	U DELETE		4.2 NAME					
NAME PROFEST ADDRESS			4.3 STREET ADDRESS		795		•	
STREET ADDRESS			4.4 CITY-ST-ZIP					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	- 1 1 -			Change	Addition
NAME		_	5.2 NAME			•		
STREET ADDRESS		<u> </u>	5.3 STREE	TADDR	ess			

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.

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ Change

☐ Addition