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 # 433284

B & M EQUIPMENT LEASING CORP

Principal Place of Business Mailing Address					1 198111 81000 1118 1118 1118 1111 1111	
7132 BRENTWOOD RD S 7132 BRENTWOOD RD S						
FT. MEYERS FL 33919 FT. MEYERS FL 33919				DO NOT WRITE IN THIS SPACE		S SPACE
					3. Date Incorporated or Qualifed	
					08/21/1973	1
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1479843	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	•··	-F 	5. Certificate of Status Desired	\$8.75 Additional
27		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	_ Country		8. This corporation owes the current year I	
24	25	29 30)]		Personal Property Tax. 10. Name and Address of New Registere	Yes No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	n Agent
MAR	COUX, B. PAUL		ان.	Name		
7140 BRENTWOOD ROAD, SOUTH			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	T MYERS FL 33907		83			
			03			
	•		84	City	· F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	le-named cor	rporation submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	onzed by	tne corpora	tion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE						
	Signature, typed or printed name of registered agent			nt signature requi	ired when reinstating) DATE	NO DIDECTORS IN 42
12.	OFFICERS AN		13.	1	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	S IFAN N	☐ DELETE	1.1 TITLE			
NAME	MARCOUX, JEAN M		1.2 NAME	<i>'</i>		
STREET ADDRESS	7132 BRENTWOOD RD ST		1.3 STREET	- 1		
CITY-ST-ZIP	FT MYERS, FL 00000	Clasifie	1.4 CITY-S	T-ZIP		☐ Change ☐ Addition
TITLE	DP	☐ DELETE	2.1 TITLE			Custige Nagritori
NAME	MARCOUX, B PAUL		2.2 NAME			
STREET ADDRESS	7132 BRENTWOOD RD ST		2.3 STREET	TADDRESS		
CITY-ST-ZIP	FT MYERS, FL 00000			ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS		<u> </u>	3.3 STREE	TADDRESS		Ì
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE :		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	,		4.2 NAME			
STREET ADDRESS			4.3 STREET	TADDRESS		j
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME		•	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition

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:

3. PAUL MARCOUX

SIGNATURE:

2. Caul Marcourf:

2. Caul Marcourf:

3. PAUL MARCOUX

SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90061 010 ***150.00