

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 08, 1999 8:00 am
Secretary of State

03-08-1999 90065 015 ***150.00

DOCUMENT # 612888

1. Corporation Name

LONGACRE LEASING CORP.

Principal Place of Business

6020 SW 18TH STREET
PLANTATION FL 33317

Mailing Address

6020 SW 18TH STREET
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1979

4. FEI Number

59-1904653

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

21 11920 SW 22 CT
Suite, Apt. #, etc.

2a. Mailing Address

26 11920 SW 22 CT
Suite, Apt. #, etc.

City & State

23 DAVIE, FL
Zip Country

24 33325 25 USA

City & State

28 DAVIE, FL
Zip Country

29 33325 30 USA

9. Name and Address of Current Registered Agent

SCHMIDT, MARK L.
6020 SW 18TH STREET
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 11920 SW 22 CT

84 City

85 DAVIE

FL

85 Zip Code

33325

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.

MARK L. SCHMIDT, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE 1/20/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHMIDT, MARK L.
STREET ADDRESS 6020 SW 18TH ST
CITY-ST-ZIP PLANTATION FL

TITLE ST
NAME SCHMIDT, CELIA P
STREET ADDRESS 6020 SW 18 ST
CITY-ST-ZIP PLANTATION, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 11920 SW 22 CT
1.4 CITY-ST-ZIP DAVIE, FL 33325

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 11920 SW 22 CT
2.4 CITY-ST-ZIP DAVIE, FL 33325

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

CELIA SCHMIDT 1/20/99 954.472.5508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)