

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 03, 1999 8:00 am
Secretary of State

03-03-1999 90016 013 ***150.00

DOCUMENT # 647586

1. Corporation Name

TRIPLE I LEASING, INC.

Principal Place of Business

~~3009 N.W. 75TH AVENUE~~
~~MIAMI FL 33122~~

Mailing Address

~~3009 N.W. 75TH AVENUE~~
~~MIAMI FL 33122~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1979

4. FEI Number

59-1953268

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 1259 N.W. 21st Street

Suite, Apt. #, etc.

22 City & State

23 Pompano Beach, Florida

Zip

Country

24 33069-1417

25 USA

2a. Mailing Address

26 1259 N.W. 21st Street

Suite, Apt. #, etc.

27 City & State

28 Pompano Beach, Florida

Zip

Country

29 33069-1417

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EHLER, HOWARD L., JR.
~~3009 N.W. 75TH AVENUE~~
~~MIAMI FL 33122~~

81 Name

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

1259 N.W. 21st Street

83

84 City

Pompano Beach,

FL

85 Zip Code

33069-1417

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VDS ☐ DELETE
NAME EHLER, HOWARD L., JR.
STREET ADDRESS 5621 SW 8TH ST
CITY-ST-ZIP PLANTATION FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS SEE ABOVE
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

HOWARD L. EHLER, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-99 (934) 917-7665

CR2E034 (1/98)