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

SIGNATURE:

May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name 651144 (8)F D P LEASING CORP. Principal Place of Business Mailing Address 2140 S. DIXIE HIGHWAY 2140 S. DIXIE HIGHWAY MIAMI FL 33133 MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/02/1979</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-1972512 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 ☐ Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOLDBERG, MICHAEL C. 8555 PONCE DE LEON RD. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33143** 83 84 City Zip Code 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 transic of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE GOLDBERG, MICHAEL C. BSSS PONCE DE LEON RD. NAME PICK, EDWARD 1.2 NAME 2417 N. GREENWAY DR. STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** CITY-\$T-ZIP 1.4 CITY - ST - ZIP DELETE Change **Addition** TITLE 2.1 TITLE GOLDBERG, CINDY BSSS POUCE DE LEON ED. PRICE, BEVERLY NAME 2.2 NAME 5600 SW 95 ST. STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL 11AML FL 33143 CITY-ST-ZIP 2.4 City-St-ZiP DELETE Change Addition TITLE 3.1 TITLE PRICE, SCOTT 5600 SW 95 ST. ALVAREZ, CESAR 3.2 NAME STREET ADDRESS 1221 BRICKWELL AVE., 22ND FLOOR 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - ST- ZIP MIAMI FL DELETE Change **Addition** TITLE 41 TOTLE Muro, Kathlben NIERBERG, BRUCE 4. 2 NAME 407 S.E. 7 ST. STREET ADDRESS 774 GLENGARRY DR. 4.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DANIA FL DELETE Change Addition 5.1 TITLE STROUD, GHRISTINE 7420 SW 162 ST SCHIFF, ALBERT J. NAME 5.2 NAME 263 TRESSER BLVD. 10TH FLOOR STREET ADDRESS 5.3 STREET ADDRESS STAMFOR CT CITY-BT-ZIP 5.4 CITY - ST - ZIP MIAMI FL TITI F DELETE 6.1 TITLE **Addition** BILVERMAN, MARK 3110 LAKEWOOD CIR. NAME FLEISCHMAN, RICHARD 6.2 NAME 75 BREAKNECK HILL RD. STREET ADDRESS 6.3 STREET ADDRESS 1. Unrest 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 it of an attachment with an address.

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