

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 05, 1999 8:00 am
Secretary of State

03-05-1999 90010 018 ***150.00

DOCUMENT # **651144**

1. Corporation Name

F D P LEASING CORP.

Principal Place of Business

**2140 S. DIXIE HIGHWAY
MIAMI FL 33133**

Mailing Address

**2140 S. DIXIE HIGHWAY
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1979

4. FEI Number

59-1972512

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**GOLDBERG, MICHAEL C.
8555 PONCE DE LEON RD.
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE
NAME GOLDBERG, MICHAEL C
STREET ADDRESS 8555 PONCE DE LEON RD
CITY-ST-ZIP MIAMI FL 33143

TITLE DST ☐ DELETE
NAME GOLDBERG, CINDY
STREET ADDRESS 8555 PONCE DE LEON RD
CITY-ST-ZIP MIAMI FL 33143

TITLE V ☐ DELETE
NAME PRICE, SCOTT
STREET ADDRESS 5600 SW 95 ST
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE
NAME MURO, KATHLEEN
STREET ADDRESS 407 S E 7 ST
CITY-ST-ZIP DANIA FL

TITLE V ☐ DELETE
NAME STROUD, CHRISTINE
STREET ADDRESS 7420 SW 162 ST
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE
NAME SILVERMAN, MARK
STREET ADDRESS 3110 LAKEWOOD CIR
CITY-ST-ZIP FT LAUDERDALE FL 33332

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME PICK, EDWARD
1.3 STREET ADDRESS 2417 N. GREENWAY DR
1.4 CITY-ST-ZIP CORAL GABLES, FL

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME PRICE, BEVERLY
2.3 STREET ADDRESS 5600 SW 95 ST
2.4 CITY-ST-ZIP MIAMI, FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME AWAREZ, CESAR
3.3 STREET ADDRESS 1221 BRICKELL AVE, 22ND FLOOR
3.4 CITY-ST-ZIP MIAMI, FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME NIERENBERG, BRUCE
4.3 STREET ADDRESS 774 GLENGARRY DR
4.4 CITY-ST-ZIP MELBOURNE, FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME SCHIFF, ALBERT J.
5.3 STREET ADDRESS 263 TESSER BLVD, 10TH FLOOR
5.4 CITY-ST-ZIP STAMFORD, CT

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME FLEISCHMAN, RICHARD
6.3 STREET ADDRESS 75 BREAKNECK HILL RD
6.4 CITY-ST-ZIP SOUTH BORO, MA 01772

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SILVERMAN

2/8/99

305-858-8200

Date

Daytime Phone #

CR2E034 (11/98)