

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 23 AM 10:06

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000829

HRT LEASING, LIMITED



Mailing Address
C/O THOMAS E. OAKLEY
101 ALTURAS BABSON PARK CUTOFF ROAD
LAKE WALES FL 33853

Principal Office Address
101 ALTURAS BABSON PARK CUTOFF ROAD
LAKE WALES FL 33853

3. Date Formed or Registered
04/14/1997

5a. Capital Contributions as Shown on record.
\$297.00

3a. Date of Last Report
12/19/1997

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
59-3439791
 Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

OAKLEY, THOMAS E
101 ALTURAS BABSON PARK CUTOFF ROAD
LAKE WALES FL 33853

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number if Applicable) **0100002649200--9**
City, State, and Zip Code **LAKE WALES FL 33853**
City **LAKE WALES** Zip Code **33853**
City **LAKE WALES** Zip Code **33853**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/ Document Number

HRT LEASING, INC.

101 ALTURAS BABSON PA

LAKE WALES FL 33853

P97000033481

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 690, Florida Statutes.

SIGNATURE

Thomas E. Oakley

DATE **9/21/98**

Typed or Printed Name of General Partner Signing Form

THOMAS E. OAKLEY

Daytime Telephone Number **(941) 638-1435**

CR2E003 (8/98)