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

**FILED** Feb 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) F52095 L & R LEASING CORPORATION Principal Place of Business Mailing Address 7646 N. LOCKWOOD RIDGE RD. % RICHARD M LEVIN SARASOTA FL 34243 584 HORNBLOWER LANE DO NOT WRITE IN THIS SPACE LONGBOAT KEY FL 34228 3. Date Incorporated or Qualified 11/02/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2133679 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Žιρ Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ Ño 24 Personal Property Tax due June 30. 29 30 26 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEVIN. RICHARD M **584 HORNBLOWER LANE** Street Address (P.O. Box Number is Not Acceptable) 82 **LONGBOAT KEY FL 33548** 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE LEVIN, RICHARD M 1.2 NAME NAME **584 HORNBLOWER LANE** STREET ADDRESS 1.3 STREET ADDRESS LONGBOAT KEY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME LEVIN. LEONARD 2.2 NAME **487 PARTRIDGE CIRCLE** STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2 4 CITY - ST-ZIP DELETE 31 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME

CITY - ST - ZIP 6.4 CITY-ST-7IP 14. Thereby 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 13 if changed, or on an alta-primary with an address.

4.3 STREET ADDRESS

**5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

CITY - ST - 71P

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

1/27/98

941/355-7702

Change

Addition

Addition