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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90049 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F52095

1. Corporation Name

L & R LEASING CORPORATION

Principal Place of Business

7646 N. LOCKWOOD RIDGE RD
SARASOTA FL 34243
US

Mailing Address

% RICHARD M LEVIN
584 HORNBLLOWER LANE
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1981

4. FEI Number

59-2133679

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

21 340 South Palm Ave

Suite, Apt. #, etc.

22 #45

City & State

23 SARASOTA FL

Zip Country

24 34236

25 USA

2a. Mailing Address

26 340 South Palm Ave.

Suite, Apt. #, etc.

27 #45

City & State

28 SARASOTA, FL

Zip Country

29 34236

30 USA

9. Name and Address of Current Registered Agent

LEVIN, RICHARD M
584 HORNBLLOWER LANE
LONGBOAT KEY FL 33548

10. Name and Address of New Registered Agent

81 Name

LEVIN, Richard M.

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

340 South Palm Ave.

83

#45

84

City

SARASOTA

FL

85 Zip Code

34236

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LEVIN, RICHARD M
584 HORNBLLOWER LANE
LONGBOAT KEY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVIN, LEONARD
487 PARTRIDGE CIRCLE
SARASOTA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PP
Richard M. Levin
340 South Palm Ave. #45
SARASOTA, FL 34236

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

Date

Daytime Phone #

CR2E034 (1/98)