

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

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000002051 (9)

1. Corporation Name

EUROPA LEASING CORPORATION

Principal Place of Business

190 153RD AVE., #200
MADEIRA BEACH FL 33708

Mailing Address

150 153RD AVE., #200
MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1995

4. FEI Number

59-3276356

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BULLOCK, LESTER
150 153RD AVE., #200
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name
Deborah A. Vitale

82 Street Address (P.O. Box Number is Not Acceptable)
150 - 153rd Ave., Suite 200

83

84 City
Madeira Beach

FL 85 Zip Code
33708

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-98

12. OFFICERS AND DIRECTORS

TITLE DC
NAME VITALE, DEBORAH
STREET ADDRESS 1012 PRINCESS ST.
CITY-ST-ZIP ALEXANDRIA VA 22314 ☐ DELETE

TITLE PD
NAME BULLOCK, LESTER
STREET ADDRESS 150 153RD ST., 200
CITY-ST-ZIP MADERIA BEACH FL 33708 ☒ DELETE

TITLE CFO
NAME GLADSTONE, DEBRA
STREET ADDRESS 150 153RD ST., SUITE 200
CITY-ST-ZIP MADERIA BEACH FL 33708 ☒ DELETE

TITLE D
NAME HEDLEY, PIERS
STREET ADDRESS 150 153RD AVE., #200
CITY-ST-ZIP MADEIRA BEACH FL 33708 ☒ 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 President ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Duber, John R.
2.3 STREET ADDRESS 20018 Westover Ave.
2.4 CITY-ST-ZIP Rocky River, Ohio 44116

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME DeMattia, Paul J.
3.3 STREET ADDRESS 4002 Pine Forest Drive
3.4 CITY-ST-ZIP Parma, Ohio 44134

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Harrison, Gregory A.
4.3 STREET ADDRESS 16209 Kimberly Grove
4.4 CITY-ST-ZIP Gaithersburg, Maryland 20878

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

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

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.

SIGNATURE

4-6-98

813-393-2885

CR2E034 (10/97)