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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600001338 1. Corporation Name

INTERNATIONAL POST LEASING CORPORATION

Principal Place	of Business	Mailing Address				I (UDA) UD TATO GUAR OBJUL UDAN GUAR	<b>                                    </b>		
240 PEGASUS AVENUE 240 PEGASUS AVENUE									
NORTHVALE NJ 07647 NORTHVALE NJ 07647						DO NOT WRITE IN 1	LUIS SPACI	=	
us us						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						03/14/1996			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				13-3872332		Not Applicable	•
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del> _			5. Certifcate of Status Desired		75 Additional	
22		27	<del></del>					ee Required	$\dashv$
City & State	· ·	City & State		-		Election Campaign Financing     Trust Fund Contribution		.00 May.Be	
Zip	Country	Zip	Co	untry		8. This corporation owes the current year			٦
24	25	29	30	<b>-</b> ,		Personal Property Tax.	Ye:		
24	9. Name and Address of Curren			Ţ		10. Name and Address of New Registe	red Agent		
				81	Name				
THE PRENTICE-HALL CORPORATION		SYSTEM, INC.		82	Street A	dress (P.O. Box Number is Not Acceptable)			-
	HAYS STREET				<b>WII W</b>				_
i .	E 105			83					
IALL	AHASSEE FL 32301			84	City		85	Zip Code	
				<u> </u>		•	FL of changi	an ite registered	_
11. Pursuant office or re	to the provisions of Sections 607.0502 edistered agent, or both, in the State of	2 and 607.1508, Florida Sta of Florida. Such change wa	atutes, the a as authorize	above-r d by th	named o le corpo	corporation submits this statement for the purpost ration's board of directors. I hereby accept the a	ppointment	as registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505,	Florida Sta	tutes.					
SIGNATURE	Or an interest or printed name of registered spen				.,				- 1
Oliginated, types of printed teaching and the second secon		t and title if applicable. (N	IOTF: Registere	d Agent s	ionature re	guired when reinstating) DAT	E		- 1
l 12.			NOTE: Registere		ignature re	quired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		ECTORS IN 12	
12.			13.		signature re	danaaau			n
	OFFICERS AN	D DIRECTORS	13.	,	signature re	danaaau	S AND DIR		on
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS