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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000004210

1. Corporation Name

LITE EQUIPMENT LEASING CORPORATION

Principal	Place of	Dusin
7040 010	IEGGIID	DD

Mailing Address

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90056 008 ***150.00



7948 OLD JESSUP RD JESSUP MD 20794			PO BOX 172 ANNAPOLIS JUNCTION MD 20701			DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed		
							08/19/1996 ~		
2. Principal Place of	of Business	2a	. Mailing Address			4.	FEI Number Applied For		
21		26					52-0964415 Not Applicable		
Suite, Apt. #, etc		27	Suite, Apt. #, etc.				Certificate of Status Desired Sa.75 Additional Fee Required		
City & State				6.	Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24	Country 25	29	Zip Country		,	8.	This corporation owes the current year Intangible Personal Property Tax. Yes. No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
DAVED C	ADL M		<u>-</u>	81	Name				
BAKER, CARL M 2324 HICKORY-LANE		82 ;	32 Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO	D FL 32803	11 79/		83	。 18 19 19 19 19 19 19 19 19 19 19 19 19 19		建筑的大学的一个大学的		
		1.11		84	City		FL 85 Zip Code		

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 fam or with, and accept the conjugations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agen, and title if a; . Lable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OFFICERS AND DIRECTORS Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME HASZARD, TIMOTHY R 1.3 STREET ADDRESS STREET ADDRESS **536 TURNBERRY LANE** ST. AUGUSTINE FL 32084 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME

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

HASZARD, SHARON L NAME 2.3 STREET ADDRESS STREET ADDRESS **536 TURNBERRY LANE** CITY-ST-ZIP ST. AUGUSTINE FL 32084 2. 4 CITY-ST-ZIF □ DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 suppliemental 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 any address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

904-461-5555

CR2E034 (11/98