

**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 # F97000005133**

1. Corporation Name

Logic Leasing, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 10 PM 12:17

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
October 1, 1997

2. Principal Place of Business	2a. Mailing Address
21 1600 S.E. 17th Street	26 c/o Goldstein & Manello, P.C.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Causeway, Suite 306	27 265 Franklin Street
City & State	City & State
23 Ft. Lauderdale, FL	28 Boston, MA
Zip	Zip
24 33316	29 02110
Country	Country
25 USA	30 USA

4. FEI Number  
65-0560407

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

John J. Flynn  
First Fleet Corporation  
1600 S.E. 17th Street Causeway  
Suite 306  
Ft. Lauderdale, FL 33316

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	President & Director	<input type="checkbox"/> DELETE
NAME	Mark A. Paul	
STREET ADDRESS	23 Castle Harbor Isle	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	Treasurer & Director	<input type="checkbox"/> DELETE
NAME	John J. Flynn	
STREET ADDRESS	2541 Del Lago Drive	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	Clerk	<input type="checkbox"/> DELETE
NAME	Richard J. Snyder	
STREET ADDRESS	40 Pearl Road	
CITY-ST-ZIP	Nahant, MA 01908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600002962386--9
1.3 STREET ADDRESS	-08/17/99--01066--015
1.4 CITY-ST-ZIP	****150.00 ****150.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard J. Snyder, Clerk

August 9, 1999

(617) 946-8000

Date

Daytime Phone #