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 # **F9700006410**1. Corporation Name

CR LEASING & DEVELOPMENT, INC.

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90058 033 ***150.00



Principal Place	of Business	Mailing Address				1 84118 81111 6181	91 (1211 0211 1031
433 PLAZA REA BOCA RATON F		433 PLAZA REAL. SUITE 335 BOCA RATON FL 33432		DO NOT WRITE IN THIS SPACE			
	,				3. Date Incorporated or Qualifed 12/05/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	Applied For
21		26			65-0794444		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required
City & State		City & State		APPEN Y	6. Election Campaign Financing Trust Fund Contribution	•	May Be I to Fees
Zip	Country	<u> </u>	Country	•	8. This corporation owes the current year in		
24	25	29 30			Personal Property Tax.	□Yes	□No
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Registered	d Agent	·
004	00 K I		81	Name			1
GRAGG, K L			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
200 S. BISCAYNE BLVD., SUITE 4900							
MAIM	AI FL 33432		83		•		
	,		84	City		. 85 Zip	Code
				1	<u>.</u> Fi		
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				 	DATE		
	Signature, typed or printed name of registered agent			nt signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECT	ODS IN 12
12.	OFFICERS AND		13. I.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	
TITLE			1.2 NAME		:		
NAME	ACKERMAN, RICHARD S						
STREET ADDRESS	433 PLAZA REAL, SUITE 335			TADORESS			
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-S	T-ZIP		Change	Addition
TITLE	PEONED OF DISCUSSION		2.1 TITLE				
NAME	BECKER, CHRISTOPHER L	II.	2.2 NAME				
STREET ADDRESS	433 PLAZA REAL, SUITE 335	B.		TADDRESS	•		•
CITY-ST-ZIP	BOCA RATON FL 33432		2. 4 CITY-5	ST-ZIP		[Change	a ∏ Addition
TITLE	V COMMUNICATION OF THE COMMUNICATION	_	3.1 TITLE		•		, Li Addidoli
NAME :	CUNNINGHAM, DREW P	■.	3.2 NAME				
STREET ADDRESS	433 PLAZA REAL, SUITE 335			T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432		3.4. CITY- 9	ST-ZIP		Change	e Addition
TITLE	ST	 -	4,1 TITLE			[_] Glialige	, D'Addison
NAME	ONISKO, ROBERT E		4. 2 NAME				ł
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432		4.4 CITY-S	T-ZIP			- CO A'ddis-
TITLE	CCEO		5.1 TITLE			Change	e 🗌 Addition
NAME	CROCKER, THOMAS J	•	5.2 NAME		•		J
STREET ADDRESS	433 PLAZA REAL, SUITE 335	•		T ADDRESS			j
CITY-ST-ZIP	BOCA RATON FL 33432		5.4 CITY-S	iT-ZIP			- I''l Additi
TITLE			5.1 TITLE		• •	Change	e [] Addition
NAMÉ			6.2 NAME				
STREET ADDRESS		·	6.3 STREE	T ADDRESS			

CITY-ST-ZIP 14. 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 an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

(21) 395-8666