FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE 1 CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** Corporation Name PLANT LEASE SYSTEMS, INC. Principal Place of Business Mailing Address 3001 PALM AIRE DR. S 3001 PALM AIRE DR. S POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Date Incorporated or Qualified 08/27/1982 3a. Elate of Last Report 07/19/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-2213122 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 \Box Trust Fund Contribution Added to Fees Zφ Zio Country 8. This corporation has liability for intangible tax under s. 199,032, 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EPSTEIN, RICHARD W 100 W CYPRESS CREEK RD 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33309 83 84 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed hance of registered agold and title diapplication or Africa recoststrag DA'E OFFICERS AND DIRECTORS (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1 1 Title 6 ☐ Change Add tion TURNER, ROSEANNA 1.2 NAM6 CR2E034 2601 S. COURSE DR. #206 STREET ADORESS 1.3 STREET ADDIRESS POMPANO BEACH FL CITY - ST - 2IP 1 4 CITY - ST - ZIP DELFIE 2 1 TILE Change Addition EPSTÉIN, RICHARD W 2.2 NAME 6700 N ANDREWS AVE STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY - ST - ZIP 24 CFY+ST-7/2 DELETE 3 1 TITEE Change Addition 3.2 NAME 900001797389 -04/29/96--01018--036 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - 712 *******200.00 DELETE 4 1 TITLE ☐ Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3.STR-ET ADORESS CITY-ST-ZIP 44 City - ST ZIF DELETE 5 1 TIJEE

14. I do hereby certify that the information supplied to this filing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k), Forida Statutes I further certify that the information inflicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or birector if the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name hanged, or on an attachment with an address

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