

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90108 017 ***150.00

DOCUMENT # F98000001520

1. Corporation Name

SUNBELT LEASING COMPANY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**12243 BRANFORD STREET
SUN VALLEY CA 91352**

Mailing Address

**12243 BRANFORD STREET
SUN VALLEY CA 91352**

2. Principal Place of Business

21 2571 STATE ROAD, 60 WEST

2a. Mailing Address

26 Suite, Apt. #, etc.

22

27

**23 City & State
BARTOW, FL**

28 City & State

24 Zip 33830 Country 25 USA

29 Zip Country 30

3. Date Incorporated or Qualified

03/17/1998

4. FEI Number

95-4675688

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

**NAME
CD
KAMINS, PHILIP E
STREET ADDRESS
12243 BRANFORD STREET
CITY-ST-ZIP
SUN VALLEY CA**

TITLE ☐ DELETE

**NAME
D
SCHER, ROBERT
STREET ADDRESS
55 LA FRANCE AVENUE
CITY-ST-ZIP
BLOOMFIELD NJ**

TITLE ☐ DELETE

**NAME
VST
JOHNSON, LORI M
STREET ADDRESS
12243 BRANFORD STREET
CITY-ST-ZIP
SUN VALLEY CA**

TITLE ☐ DELETE

**NAME
D
CHEONG, T C
STREET ADDRESS
12243 BRANFORD STREET
CITY-ST-ZIP
SUN VALLEY CA**

TITLE ☐ DELETE

**NAME
P
CUTHBERTSON, GORDON
STREET ADDRESS
2571 STATE ROAD 60 WEST
CITY-ST-ZIP
BARTOW FL**

TITLE ☐ DELETE

**NAME
V
HUBBARD, DANIEL
STREET ADDRESS
2571 STATE ROAD 60 WEST
CITY-ST-ZIP
BARTOW FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (1/98)