05-06-1999 90210 032 ***150.00

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 # F98000002031

1. Corporation Name

CREATIVE LEASING OF DELAWARE, INC.

Principal Place	e of Business	Mailing Address				.) 92 9	(144) (141) (44)
10300 SUNSET	DRIVE	10300 SUNSET DRIVE					
SUITE 305		SUITE 305		DO NOT WRITE IN THIS SPACE			
MIAMI FL 33173		MIAMI FL 33173			3. Date Incorporated or Qualifed	3 3FACE	
			_		04/09/1998		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	1	plied For
21		26			NOT APPLICABLE		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Re	•
City.& State		City. & State		-6- Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	Country	28	Country	1		· · · · · · · · · · · · · · · · · · ·	o rees
Zip	Country	Zip	— '		 This corporation owes the current year I Personal Property Tax. 		Νo
24	25 9 Name and Address of Curren		30		10. Name and Address of New Registere		<u> </u>
	y. Name and Address of Correct	it Kegistered Agent	81	Name	10, realite and Address of their registers	<u></u>	
RUB	ENSTEIN, ARNOLD M		L				
	O SUNSET DRIVE		82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
SUIT	E 305		83			<u> </u>	
MIAN	/II FL 33173						
			84	City	F	85 Zip C	Code
44 Durawant	to the acceptance of Sections 607 050	2 and 607 1508 Florida Statute	s the above	e-named cor	poration submits this statement for the nurnose	of changing its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corporat	ion's board of directors. I hereby accept the app	ointment as rec	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes	•			
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NOTE: I	Panietered Anel	at signature requir	ed when reinstating) DATE		
12.		ID DIRECTORS	13.	n signature roquii	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PC	☐ DELETE	1.1 TITLE		7.05111011079111111020 1.0 0.1.102110.	☐ Change	Addition
NAME	RUBENSTEIN, ARNOLD M		1.2 NAME				
STREET ADDRESS	10300 SUNSET DRIVE, SUITE	305	1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-S				
TITLE	TSD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	Rubenstein, Judith J		2.2 NAME				
STREET ADDRESS	10300 SUNSET DRIVE, SUITE	305	2.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-5	1			
TITLE	V	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	RUBINSTEIN, MARC L		3.2 NAME				
STREET ADDRESS	441 SOUTH MAPLE DRIVE		3.3 STREE	TADDRESS			
CITY-ST-ZIP	BEVERLY HILLS CA 90212		3.4. CITY-5	!			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			I.	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE		·	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
			63 STREET	TADDRESS			

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 toystee 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.

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP:

310 748 7426

CR2E034 (11/98)