

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90004 023 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000004621

1. Corporation Name
BMC LEASING, LTD. INC.



Principal Place of Business: 1211 NORTH WESTSHORE BLVD. SUITE 500 TAMPA FL 33607
 Mailing Address: 1211 NORTH WESTSHORE BLVD. SUITE 500 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/13/1998

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		2b. Mailing Address		2c. Mailing Address		2d. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Suite, Apt. #, etc.		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State		City & State		City & State		City & State	
Zip		Country		Zip		Country		Zip	

4. FEI Number	Applied For
84-1290522	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROBINSON, MICHAEL
 1211 NORTH WESTSHORE BLVD. SUITE 500
 TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: **CT Corporation System**
 82 Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
 83
 84 City: **Plantation** FL 85 Zip Code: **33324**

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: **CT Corporation System** *Marcia J. Sunahara* **8-18-99**
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	PSTC	<input type="checkbox"/> DELETE
NAME	BENTLEY, STEVE E	
STREET ADDRESS	7995 E. HAMPDEN AVE. SUITE 200	
CITY-ST-ZIP	DENVER CO 80231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Runberg, David B.	
2.3 STREET ADDRESS	10701 W. 6th Avenue	
2.4 CITY-ST-ZIP	Lakewood, CO 80215	
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.

SIGNATURE: *David B. Runberg* **David B. Runberg** **8-18-99 (303) 231-2693**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)