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 # G72709

Country

9. Name and Address of Current Registered Agent

C & D LEASING CO., INC.

Principal Place of Busi
205 COMMERCE WAY JUPITER FL 33458
JUPITER FL 33458

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

205 COMMERCE WAY JUPITER FL 33458

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90065 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

12/02/1983 4. FEI Number

59-2370815

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

205 COMMERCE WAY			2 Street Address (P.O. Box Number is Not Acceptable)				
JUPT	TER FL 33458	83			•		
	•	84	City	FL	85	Zip Code	
office or ri	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auth in familiar with, and accept the obligations of, Section 607.0505, Florid	norized by	the corporation's board of dire	his statement for the purpose of octors. I hereby accept the appoin	changing tment a	its registe s registere	red d
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re	enistered Agen	t signature required when reinstating)	DATE			_
12.	OFFICERS AND DIRECTORS	13.		S/CHANGES TO OFFICERS AN	DIRE	CTORS IN	12
ITLE	PST DELETE	1.1 TITLE			☐ Char	ge 🗆 A	Addition
AME	SEAY, DONALD R.	1.2 NAME					
STREET ADDRESS	205 COMMERCE WAY	1.3 STREET	ADDRESS				
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST	r-ZIP				
rme	DELETE	2.1 TITLE			Char	ge 🗆 A	Addition
NAME :		2.2 NAME					
STREET ADDRESS		2.3 STREET	ADDRESS				
CITY-ST-ZIP		2. 4 CITY-S	T-ZIP				
TITLE	DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Char	nge 🗌 A	Addition
VAME		3.2 NAME					
STREET ADDRESS		3.3 STREET	ADDRESS				
CITY-ST-ZIP		3.4. CITY-S	T-ZIP				
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STREET ADDRESS		4.3 STREET	ADDRESS				
CITY-ST-ZIP		4.4 CITY-S	T-ZIP				
ITTLE	☐ DELETE	5.1 TITLE			☐ Char	nge □#	Addition
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET	ADDRESS				
CITY-ST-ZIP	'.	5.4 CITY-S1	r-ZIP				
MTLE .	□ DELETE	6.1 TITLE	_		Chai	nge 🗆 /	Addition
NAME 5.3	The state of the s	6.2 NAME					
STREET ADDRESS		6.3 STREET	ADDRESS				
CITY-ST-ZIP	` <u>.</u>	6.4 CITY-S					
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Country

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4. 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

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 561-743-4232

CR2E034 (11/98)