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 # G81772

1. Corporation Name

GARVIN LEASING, INC.

Principal Place of Business Mailing Address					1 (30)(1) 009()0)(\$) ((0)()	JB#1 10810 1181 8#811 4	11811 81811 B1811 81	.011 01\$11 1001
20441 NE 30 AVE.		20441 NE 30 AVE.	20441 NE 30 AVE.					
#108		#108				DO NOT WRITE IN THIS SPACE		
MIAMI FL 33180		MIAMI FL 3318U	MIAMI FL 33190			3. Date Incorporated or Qualifed		
					11/16/1983			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Api	plied For
		26	26				No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			red []	\$8.75 A	
2		27					Fee Re	
City & State		City & State	City & State			icing 🖂	\$5.00	
23		28			Trust Fund Contribution		Added to	o Fees '
Zìp ──	Country	Zip	Cou	ntry	8. This corporation owes th	e current year In	itangible ☐ Yes	₽No
24	25	29	30		Personal Property Tax. 10 Name and Address of	New Registered		
	9. Name and Address of Cur	rrent Registered Agent		81 Name	10. Name and Address of	ten registeres	rigotti	
SAN	OBERG, PETER J.				DENNIS MAX	KOW		
3020 CENTER ST				82 Street A	ddress (P.O. Box Number is Not A	cceptable)	~	
	II FL 33133			83	NE JO "	· 47/0	,	
				84 City	MIAMI	FI	85 Zjo C	ode
A. Durnuant	to the provisions of Sections 607	0502 and 607 1508 Florida 9	Statutes the a	hove-named c	porporation submits this statement for	or the numose o	f changing its	registered
office or r	enistered answt of both in the St	ate of Florida. Such change v	vas authorized	i by the corbor	ration's board of directors. I hereby	accept the appo	intment as req	gistered
agent. I a	m familiar with, and accept the ob		o, Florida Stat	ites.		1/91	09	
SIGNATURE	Signature, typed or printed name of registered	D = 200, 10 / 100	/	Agent signature rec	quired when reinstating)	/DATE	7/	——
12.		AND DIRECTORS	13.	,	ADDITIONS/CHANGES T	O OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PSD	☐ DELET		ΠE			Change	☐ Addition
NAME	MARKOW, DENNIS		1.2 N/	ME				}
STREET ADDRESS	20441 NE 30TH AVE., #108		1.3 S	REET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33180			TY-ST-ZIP				
TITLE	110 1111 1 2 00 100	☐ DELET					☐ Change	Addition
NAME			2.2 N	ME			•	
STREET ADDRESS			2.3 8	REET ADDRESS				
CITY-ST-ZIP			2.40	ITY-ST-ZIP				
TITLE		☐ DELET					Change	Addition
NAME			3 2 N	AME.				l
STREET ADDRESS			3.3 S	REET ADDRESS				
CITY-ST-ZIP			34.0	ITY-ST-ZIP				
TITLE	-	☐ 0ELET					☐ Change	☐ Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 S	REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		☐ DELET					☐ Change	Addition
NAME			5.2 N	ME				,
STREET ADDRESS			5.3 8	REET ADDRESS				
CITY-ST-ZIP		•	5.4 C	TY-ST-ZIP				
TITLE		☐ DELET	TE 6.1 TI	TLE			☐ Change	Addition
NAME			6.2 N	AWE)
STREET ADDRESS			6.3 S	TREET ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90181 025 ***150.00