

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H17900

(2)

1. Corporation Name

R & A LEASING COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
C/O ELIZABETH ANN COATES 12390 SOUTH ISTACHATTA RD FLORAL CITY FL 34436 US		C/O ELIZABETH ANN COATES 12390 SOUTH ISTACHATTA RD FLORAL CITY FL 34436 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
30		31	
3. Date Incorporated or Qualified		32	
08/23/1984		33	
4. FEI Number		4a. Applied For	
59-2437209		Not Applicable	
5. Certificate of Status Desired		5a. \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		6a. \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		8a. Yes No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COATES, ELIZABETH ANN 12390 S ISTACHATTA RD FLORAL CITY FL 34436		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		FL	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	COATES, ELIZABETH ANN	1.2 NAME	
STREET ADDRESS	12390 S ISTACHATTA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	Change Addition
NAME	EGGERS, RITA MARY	2.2 NAME	
STREET ADDRESS	139 CHAPEL WOODS	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSVILLE NY	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *[Signature]* *[Name]* *[Title]* *[Date]* *[7/16/98]*

CR2E034 (10/97)