

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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90038 042 ***150.00

DOCUMENT # **H83964**

1. Corporation Name
CLINTON LEASING CORP.

Principal Place of Business
**5800 MIAMI LAKES DR
MIAMI LAKES FL 33014
US**

Mailing Address
**5800 MIAMI LAKES DR
MIAMI LAKES FL 33014
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/30/1985

4. FEI Number

59-2619910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **JOHN K ZIEGLER**

82 Street Address (P.O. Box Number is Not Acceptable)
5800 MIAMI LAKES DR

83

84 City **MIAMI LAKES**

FL

85 Zip Code
33014

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

4-22-99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **SCANNAVINO, FRANK G.**
STREET ADDRESS **11960 NW 2ND CT.**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **VDS** ☒ DELETE
NAME **GLAZER, MARC**
STREET ADDRESS **12600 BURNING TREE LANE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **VD** ☒ DELETE
NAME **NALL, CHARLES**
STREET ADDRESS **246 NEPTUNE AVE**
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **JOHN K ZIEGLER** **COB** ☐ Change ☒ Addition
1.2 NAME **5800 MIAMI LAKES DR**
1.3 STREET ADDRESS **MIAMI LAKES, FL 33014**
1.4 CITY-ST-ZIP

2.1 TITLE **MAXWELL TRIPP** **PRES** ☐ Change ☒ Addition
2.2 NAME **900 MILK ST**
2.3 STREET ADDRESS **CARTERET, NJ 07008**
2.4 CITY-ST-ZIP

3.1 TITLE **JOHN K ZIEGLER, JR** **CFO** ☐ Change ☒ Addition
3.2 NAME **900 MILK ST**
3.3 STREET ADDRESS **CARTERET, NJ 07008**
3.4 CITY-ST-ZIP

4.1 TITLE **MARY ANNE KIERAN** **SECY** ☐ Change ☒ Addition
4.2 NAME **900 MILK ST**
4.3 STREET ADDRESS **CARTERET, NJ 07008**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Mary Anne Kieran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 (732) 541-6255
Date Daytime Phone #

CR2E034 (11/98)

0131565