

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H94268** (0)

1. Corporation Name
3-T LEASING INC.



Principal Place of Business

1001 W DR M.L.KING JR BLVD
PLANT CITY FL 33566-5150
US

Mailing Address

1001 W DR. M.L.KING JR BLVD
PLANT CITY FL 33566-5150
US

3. Date Incorporated or Qualified **01/13/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2809921

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMBA, S.P.
1001 W DR M.L.K. JR BLVD
PLANT CITY FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

SAVINDER P. LAMBA
SAVINDER P. LAMBA

1/12/96

Signature of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	MCCLOSKEY, J. F.	
STREET ADDRESS	2601 SCHORTZ AVE	
CITY-ST-ZIP	BRONX, NY.	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LAMBA, S. P.	
STREET ADDRESS	2102 GOLFVIEW DRIVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SETH, D. S.	
STREET ADDRESS	HOMI MODY ST. #24	
CITY-ST-ZIP	BOMBAY 40001 INDIA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAVARANA, F. K.	
STREET ADDRESS	GOTTHARDSTRASSE 3 CH6300	
CITY-ST-ZIP	ZUG, SWITZERLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASHCROFT, L.D.	
STREET ADDRESS	PO BOX 1526 N/A	
CITY-ST-ZIP	TRUTH OR CONSEQUENCES NM	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAI, RABIN D. DR.	
STREET ADDRESS	2908 FOREST CLUB DR	
CITY-ST-ZIP	PLANT CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAVARANA, F. K.	
1.3 STREET ADDRESS	24 HOMI MODI ST	
1.4 CITY-ST-ZIP	BOMBAY - 400001, INDIA	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KRISHNA KUMAR, R. K.	
2.3 STREET ADDRESS	1 BISHOP LEPROY RD	
2.4 CITY-ST-ZIP	CALCUTTA, 700020 INDIA	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SAVINDER P. LAMBA
SAVINDER P. LAMBA

1/12/96

Date

(813) 754-2602

Daytime Phone #

CR2E034 (12/95)