

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 # H94268

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90157 039 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1986

4. FEI Number

59-2809921

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

VENKITESWARAN, V.  
2908 FOREST CLUB DR.  
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C KAVARANA, F K  
24 HOMI MODI ST  
BOMBAY IN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D VENKITESWARAN, V.  
2908 FOREST CLUB DR.  
PLANT CITY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD SETH, D. S.  
HOMI MODY ST. #24  
BOMBAY 40001 INDIA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D KRISHNA, KUMAR R K  
1 BISHOP LEFROY RD  
CALCUTTA IN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D ASHCROFT, L.D.  
PO BOX 1526 N/A  
TRUTH OR CONSEQUENCES NM

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PD McCloskey, John  
2601 Scholtz Ave.  
Bronx NY

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

813 754 2602

Daytime Phone #

0578263

CR2E034 (1/98)