

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J12579 (5)

1. Corporation Name

B & L LAUNDRY EQUIPMENT LEASING, INC.



Principal Place of Business

% LELAND E. FOSTER, SR.
736 N.W. 9TH ST.
FT. LAUDERDALE FL 33311-7241

Mailing Address

814 NW 8TH AVE.
736 N.W. 9TH ST.
FT. LAUDERDALE FL 33311
US

3. Date Incorporated or Qualified
04/28/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 750 NW 8th St.
Suite, Apt. #, etc.

2a. Mailing Address
26 750 NW 8th St.
Suite, Apt. #, etc.

4. FEI Number
65-0014535

Applied For
Not Applicable

22 City & State
23 Fort Lauderdale
24 Zip 33311
25 Country

27 City & State
28 Fort Lauderdale
29 Zip 33311
30 Country

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FOSTER, LELAND E., SR.
736 N.W. 9TH ST.
FT. LAUDERDALE FL 33312

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 their filipalator

(NOTE: Registered Agent signature required when not stating)

Date

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME FOSTER, LELAND E., SR.
STREET ADDRESS 3820 S.W. 9TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VSD ☐ DELETE
NAME BRUNNER, WILHELM
STREET ADDRESS 11769 HORSE SHOE WAY
CITY-ST-ZIP BOCA RATON 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #

CR2E034 (12/95)