## 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 # J15221

## TREASURE COAST LEASING CORPORATION

		1.4	ailing Address				[ [201]] 0 0(8) 1(80) CHIR HOL			
Principal Place	e of Business		· ·						i	
144 VISTA ROYALE SO.			144 VISTA ROYALE SO.					1		
VERO BEACH FL 32962-3057		VE	VERO BEACH FL 32962-3057			DO NOT W	RITE IN THE	S SPACE		
							3. Date Incorporated or Qualife		1	
•	·.						05/20/1986			
		1 -	Marilian Address				4. FEI Number		<del> i</del> i.	Applied For
2. Principal Place of Business 2a. Mailing Address			. Making Address	ess			1 33			Not Applicable
21 26							59-2683130			Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>+-</b>	Required	
22										
City & State			City & State			6. Election Campaign Financin	9 🗆	· · · ·	0 May Be	
23		28		_			Trust Fund Contribution			d to Fees
Zip	Country	L	Zip Countr		ntry		8. This corporation owes the current year Intangible			
24	25	29		30			Personal Property Tax.			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
<u>-</u>					81	Name	•		į	
BARRY HOLM			y ,		82	Street Address (P.O. Box Number is Not Acceptable)				
144	VISTA ROYALE SQUARE				~	QUEEL MOOIO				المراجع المراجع المراجع الم
	O BEACH FL 32962				83			1.3	1,3,	
					$\perp$	·		4	1 - T	3 : 111 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•					84	City		F	85 Zi	p Code
<u> </u>	607.0	500 6	207 4EOB Elevide Statutos	e the el		named como	ration submits this statement for t	he numose o	of changing	its registered
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	ອບຂ and ເ te of Flori	ida. Such change was au	thorized	by th	ne corporation	's board of directors. I hereby ac	cept the app	ointment as	registered
agent. I a	am familiar with, and accept the obli	gations of	f, Section 607.0505, Flori	da Stati	ites.					
									1	
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered a			_	Agent s	signature required		DATE	I I	TODE IN 12
SIGNATURE	Signature; typed or printed name of registered a OFFICERS A		ECTORS	13.		signature required	when reinstating) ADDITIONS/CHANGES TO		ND DIREC	TORS IN 12
	Signature, typed or printed name of registered a OFFICERS /			_		signature required			ND DIREC	TORS IN 12
12.	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N.		ECTORS	13.	ΠE	signature required			AND DIREC	TORS IN 12 je Addition
12. TITLE	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N.		ECTORS	13. 1.1 Tff 1.2 N/	TLE VME	signature required			ND DIREC	TORS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N.		ECTORS	1.3 TO 1.2 NA 1.3 ST	TLE VME	ADDRESS			Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE		ECTORS	1.3 TO 1.2 NA 1.3 ST	TLE MME REET A	ADDRESS			I ND DIREC Chang	ge Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE		ECTORS	1.1 Tff 1.2 N/4 1.3 ST 1.4 Cf	TLE AME REET A TY-ST-	ADDRESS			Chang	ge Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		ECTORS	13. 1.1 Tm 1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA	TLE TREET A TY-ST-	ADDRESS ZIP			Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		ECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST	TLE AME TY-ST-: TLE AME	ADDRESS ZIP ADDRESS			Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C	TLE TREET A TY-ST- TLE TREET A TTY-ST-	ADDRESS ZIP ADDRESS			Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		ECTORS	13. 1.1 TII 1.2 № 1.3 ST 1.4 CI 2.1 TI 2.2 № 2.3 ST 2.4 C 3.1 TI	TLE TREET A TY-ST- TLE TREET A TTY-ST- TLE	ADDRESS ZIP ADDRESS			☐ Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		DELETE	13. 1.1 TII 1.2 No 1.3 ST 1.4 CI 2.1 TI 2.2 No 2.3 ST 2.4 C 3.1 TI 3.2 No	TLE TREET A TY-ST- TLE TREET A TTY-ST- TLE TREET A	ADDRESS ZIP  ADDRESS -ZIP			☐ Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		DELETE	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	TLE  ME  TREET A  TLE  ME  TREET A  TTY-ST- TLE  ME  TREET A	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS			☐ Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		DELETE  DELETE	13. 1.1 TII 1.2 N 1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4. C	TLE WHE TREET A TY-ST- TLE WHE TY-ST- TLE WHE TREET A TTY-ST-	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS			Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		DELETE	13. 1.1 TII 1.2 N 1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 ST 2. 4 C 3.1 TI 3.2 N 3.3 ST 3.4 C 4.1 TI	TILE TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE TREET A	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS			☐ Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		DELETE  DELETE	13. 1.1 TII 1.2 N 1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4. C	TILE TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE TREET A	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS			Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		DELETE  DELETE	13. 1.1 TII 1.2 N 1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4 C 4.1 TI 4.2 N	REET A TY-ST-: TLE REET A TY-ST-: TLE REET A TY-ST- TLE TY-ST- TLE TY-ST- TLE AME	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS			Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		DELETE  DELETE	13. 1.1 TTI 1.2 NA 1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 2. 4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 NA 4.3 ST	REET A TY-ST-: TLE REET A TY-ST-: TLE REET A TY-ST- TLE TY-ST- TLE TY-ST- TLE AME	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP			Chang	ge Addition  ge Addition  ge Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		DELETE  DELETE  DELETE	13. 1.1 TTT 1.2 N 1.3 ST 1.4 CT 2.1 TT 2.2 N 2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI	TLE  ME  REET A  TY-ST-  TLE  REET A  TY-ST-  TLE  AME  REET A  TY-ST-  TLE  AME  TY-ST-  TLE  TREET A  TY-ST-  TLE	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP			Chang	ge Addition  ge Addition  ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		DELETE  DELETE  DELETE	13. 1.1 TTT 1.2 N 1.3 ST 1.4 CT 2.1 TT 2.2 N 2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N	THE THE TABLE TO THE THE TABLE	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP			Chang	ge Addition  ge Addition  ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 N 1.3 ST 1.4 CT 2.1 TT 2.2 N 2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST	TLE TY-ST-TLE TY	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP			Chang	ge Addition  ge Addition  ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered a OFFICERS / PD HOLM, BARRY W.N. 4780 PEBBLE BAY CIRCLE VERO BEACH FL		DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 N 1.3 ST 1.4 CT 2.1 TT 2.2 N 2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST	TLE TY-ST-TLE	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP			Chang	ge Addition  ge Addition  ge Addition  ge Addition

**FILED** Jan 26, 1999 8:00am **Secretary of State** 

01-26-1999 90007 002 \*\*\*150.00

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS