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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90102 017 ***150.00

DOCUMENT # J24022

1. Corporation Name

CREATIVE LEASING AND FUNDING COMPANY

Principal Place of Business

% HENRY LAFFER
7770 WEST OAKLAND PARK BLVD. S-210
SUNRISE FL 33351-6780

Mailing Address

% HENRY LAFFER
7770 WEST OAKLAND PARK BLVD. S-210
SUNRISE FL 33351-6780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1986

2. Principal Place of Business

21 BOCA RATON

2a. Mailing Address

26 20080 BOCA W DR

Suite, Apt., #, etc.

22 418

Suite, Apt., #, etc.

27 418

City & State

23 BOCA RATON, FL.

City & State

28 BOCA RATON FL

Zip

24 33434

Country

25 Palm Beach

Zip

29 33434

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

LAFFER, HENRY
7770 WEST OAKLAND PARK BLVD
SUITE 210
SUNRISE FL 33321

10. Name and Address of New Registered Agent

81 Name

STEIN, Melvin

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

2110 Biscayne Blvd.

83

Suite 102

84 City

Aventura

FL

85 Zip Code

33180

11. Pursuant to the provisions of Sections 607.1502 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 ☐ DELETE

NAME VPTD
STREET ADDRESS MILLER, IDA
CITY-ST-ZIP 20080 BOCA WEST DRIVE
BOCA RATON FL

TITLE ☐ DELETE

NAME PD
STREET ADDRESS MILLER, WILLIAM
CITY-ST-ZIP 20080 BOCA WEST DR
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0312694

CR25034 (11/98)