## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # J65667 (4) THE COMPETER'S EDGE LEASING CORPORATION

THE COMPETITIVE EDGE LEASING CORPORATION

Principal Place of Business Mailing Address

20800 N.W. 2ND AVENUE 20800 N.W. 2ND AVENUE
US HIGHWAY 441 US HIGHWAY 441
MIAMI FL 33169 MIAMI FL 33169

FILED
Jan 21 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1987 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0128953 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FODIMAN, TODD A ESQ 2222 PONCE DE LEON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) 6TH FLOOR 83 **CORAL SPRINGS FL 33134** 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition T(T) F 11 TITLE ZINN, WARREN H. NAME 1.2 NAME E034 20800 N.W. 2ND AVENUE (US HWY, 441 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE STD 2.1 TITLE ZINN, DAVID NAME 2.2 NAME 20800 N.W. 2ND AVENUE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL. 2. 4 CITY - ST- ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition BRAND, DAVID H. NAME 3.2 NAME 20800 N.W. 2ND AVENUE (US HWY. 441 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 or an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: A.J.R.E. PAULO! X BRAN

1/6/98 (305)654-3900

Change

Addition