

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90025 041 ***150.00

DOCUMENT # J65667

1. Corporation Name

THE COMPETITIVE EDGE LEASING CORPORATION

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1987

4. FEI Number

65-0128953

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P. O. Box 69-9024

22 City & State

27 City & State

23 City & State

28 Miami FL

24 Zip

Country

29 Zip

33269-9024

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FODIMAN, TODD A ESQ
2222 PONCE DE LEON BLVD
6TH FLOOR
CORAL SPRINGS FL 33134

81 Name

Todd A. Fodiman, Esq.

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

1200 Brickell Avenue, Suite 1720

83

84 City

Miami

FL

85 Zip Code

33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ZINN, WARREN H.
STREET ADDRESS 20800 N.W. 2ND AVENUE (US HWY. 441
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME ZINN, DAVID
STREET ADDRESS 20800 N.W. 2ND AVENUE
CITY-ST-ZIP MIAMI FL

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

TITLE AS ☐ DELETE
NAME BRAND, DAVID H.
STREET ADDRESS 20800 N.W. 2ND AVENUE (US HWY. 441
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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

DAVID H. BRAND, ASST. SECY/C.F.O.

1/13/99

Date

(305) 654-3900

Daytime Phone #

CR2E034 (11/98)