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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

FILED

May 16 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J68859

(4)

C.M.C. LEASE INC.

<u> </u>					:							
Principal Place of Business 27092 BANBURY DR. VALLEY CENTER CA 92082				Mailing Address 27092 BANBURY DR. VALLEY CENTER CA 92082-7711				-			81816 87841 9 1811 6	
									3. Date Incorporated or Qualified 04/22/1987	1 '	ate of Last Re 01/1996	eport
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			plied For
21				26					65-0188179			t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	×	\$8.75 A Fee Re	
City & State				City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip		Country	201	Zip	T 00	untry			This corporation has liability for			
24		25	29		30					Yes		
	9. Name	and Address of Currer	t Regis	tered Agent					10. Name and Address of New R	gistered	Agent	
NATI	LAND, BET	Н				81	Name					1
11930 N. BAYSHORE DRIVE.							Street	Addres	ress (P.O. Box Number is Not Acceptable)			
SUITE 901 Miami FL 33181												
						84	City			FL	85 Zip (Code
11. Pursuant i office or re agent. I a SIGNATURE	to the provis egistered aç m familiar w	sions of Sections 607.050 gent, or both, in the State lith, and accept the oblig	12 and 60 of Florid ations of	07.1508, Florida Statu da. Such change was I, Section 607.0505, F	iles, the a authorize lorida Sta	bove od by stutes	e-namod the corp s.	corpor poration	ation submits this statement for the o's board of directors. I hereby acce	purpose optithe ap	of changing it pointment as	s registered registered
	Signature, typed	or printed name of registered agr				ed Age	erutangia Ins	e required	when reinstaling)	DATE	o pipeotop	
12.		OFFICERS AN	D DIREC	DELETE	13.			T	ADDITIONS/CHANGES TO OFFI	CERS AN	DIRECTOR Change	S IN 12 Addition
TITLE	PACHO	F, CONSTANT		DECETE		IITLE					L Change	☐ Yaquton
NAME		ERRY PINE RD.				NAME	1000ccc					
STREET ADDRESS		ITY SD 57702					ADDRESS					
CITY-ST-ZIP TITLE	S	111 00 07702		DELETE		CHTY - S TITLE	1 - 21P	-			Change	Addition
NAME	FISHER,	KELLY		_ out	I :	NAME		1				
STREET ADDRESS		ANBURY DR.					ADDRESS					
CITY-ST-ZIP		CENTER CA 92082					ST-ZIP					
TITLE	111001	<u> </u>		☐ DELETE		TITLE	, _E ,				☐ Change	Addition
NAME					321	NAME						
STREET ADDRESS					3,3	STREET	ADDRESS					
CITY-ST-ZIP					3,4.	CITY-	S1-ZIP					
TITLE			·	DELETE	4,1	TITLE					Change	Addition
NAME					4,2	NAME						
STREET ADDRESS					4,3	STREET	ADDRESS					
CITY-ST-ZIP					4,41	CITY-S	31 - ZIP					
TITLE				DELETE	5 1	TITLE					Change	☐ Addition
NAME					52	NAME		1				
STREET ADDRESS					5,3	STREET	ADDRESS					
CITY-ST-ZIP					5,4	CITY-S	ST - ZIP					
TITLE				☐ DELETE	6,1	TITLE				· · · · · ·	Change	☐ Addition
NAME					6,2	NAME						
STREET ADDRESS	-				6,3	STREET	ADDRESS	İ				

14. I do 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 suppliemental 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 of 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 all attachment with an address.

8023