

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 # J99250

1. Corporation Name

S & T LEASING GROUP, INC.

Principal Place of Business

515 N FLAGLER DR  
SUITE 1400  
WEST PALM BEACH FL 33401

Mailing Address

515 N FLAGLER DR  
SUITE 1400  
WEST PALM BEACH FL 33401

FILED  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90014 027 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1987

4. FEI Number  
65-0011692

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

9. Name and Address of Current Registered Agent

WILLIAMS, SUSAN  
1000 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

WILLIAMS, SUSAN

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

7037 HERITAGE RIDGE ROAD

83

84 City

TALLAHASSEE

FL

85 Zip Code

32312

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

TITLE

T

NAME

RUTH, PAM

STREET ADDRESS

515 N FLAGLER, SUITE 1400

CITY-ST-ZIP

WEST PALM BEACH FL

TITLE

SD

NAME

TWITTY, PAUL M.

STREET ADDRESS

515 N. FLAGLER DRIVE

CITY-ST-ZIP

WEST PALM BEACH FL

TITLE

PD

NAME

HANSER, WILLIAM A.

STREET ADDRESS

515 N. FLAGLER DRIVE

CITY-ST-ZIP

WEST PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

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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:

REQUIREMENT TWITTY, DIRECTOR

03/23/99 (561) 832-5599

Date

Daytime Phone #

CR2E034 (1/198)