

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:17

DOCUMENT # K12005

(0)

1. Corporation Name

DON L. LEASING GROUP M, INC.

Principal Place of Business

3250 NW 23 AVE 0-100
POMPANO BCH FL 33069

Mailing Address

3250 NW 23 AVE 0-100
POMPANO BCH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/15/1988

3a. Date of Last Report

02/03/1994

4. FEI Number

65-0026648

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 has liability for intangible tax under S. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOITERSTEIN, MYRNA
3200 N.W. 23RD AVE P-400
3250 NW 23RD AVENUE 0-100
POMPANO BCH FL 33069

81 Name

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

83

84 City

FL

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME LOITERSTEIN, MAX
STREET ADDRESS 3250 NW. 23RD AVE., SUITE 0-100
CITY- ST- ZIP POMPANO BCH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD
NAME COHEN, STEPHEN
STREET ADDRESS 3250 NW 23RD AVE., SUITE 0-100
CITY- ST- ZIP POMPANO BCH. FL

1.2 NAME ☐ Change ☐ Addition

TITLE D
NAME LOITERSTEIN, MYRNA
STREET ADDRESS 3250 NW 23RD AVE., SUITE 0-100
CITY- ST- ZIP POMPANO BCH. FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE

1.4 CITY- ST- ZIP ☐ Change ☐ Addition

NAME

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

2.2 NAME ☐ Change ☐ Addition

CITY- ST- ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE

2.4 CITY- ST- ZIP ☐ Change ☐ Addition

NAME

3.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

3.2 NAME ☐ Change ☐ Addition

CITY- ST- ZIP

3.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE

3.4 CITY- ST- ZIP ☐ Change ☐ Addition

NAME

4.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

4.2 NAME ☐ Change ☐ Addition

CITY- ST- ZIP

4.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE

4.4 CITY- ST- ZIP ☐ Change ☐ Addition

NAME

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME ☐ Change ☐ Addition

CITY- ST- ZIP

5.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE

5.4 CITY- ST- ZIP ☐ Change ☐ Addition

NAME

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME ☐ Change ☐ Addition

CITY- ST- ZIP

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY- ST- ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2/13/95

(305) 968-7900