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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K35027 1. Corporation Name

LEASE ACQUISITIONS, INC.

Principal Place of Business		Mailing Address						
2424 BAYWOOL		2424 BAYWOOD DR. W DUNEDIN FL 34698						
Dunedin Fl. 34698 US		US			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/28/1988		ļ	
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For	
2. Filicipal Fi	lace of Business	26			NOT APPLICABLE	- Not	Applicable	3
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22		27			5. Certicate of Status Desired	Fee Rec	uired	
City & State		City & State		6. Election Campaign Financing	\$5.00 +			
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year		¬	
24	25	29	30		Personal Property Tax.		□No	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registere	ra Agent		
EUD	D, BUDDY D., ESQ.							
	N. MACDILL AVENUE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	<u>:</u>		
	IPA FL 33609			83	1 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ni arang ten arang s Na 3/24 Dali 1981 7	G1 ** (1. 133)	
17m	1 A 1 E 00000			63		e de la company	4.制制1	
				84 City	F	85 Zip C	ode	
44 0	to the provisions of Sections 607.05	02 and 607 1508 Florida Statu	tes the a	bove-named co	progration submits this statement for the purpose	of changing its	egistered	
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was a	autnonzet	i by the corpora	ation's board of directors. I hereby accept the app	oointment as reg	istered	
SIGNATURE					ured when reinstation) 122 3 DATE			_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F		E: Danietarad	Anent signature regu					
	0000000			- Igonic organization of the	med mier remember	AND DIRECTOR	RS IN 12	ç
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	007.44
TITLE	PD		13. 1.1 Ti	TLE	med mier remember			00/14/
TITLE NAME	PD FORD, MARSHA F.	ND DIRECTORS	13. 1.1 TI 1.2 N	TLE AME	ADDITIONS/CHANGES TO OFFICERS			1004.44100
TITLE NAME STREET ADDRESS	PD FORD, MARSHA F. 2424 BAYWOOD DR. W	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE PAME TREET ADORESS	ADDITIONS/CHANGES TO OFFICERS			00/14/100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, MARSHA F.	ND DIRECTORS	13. 1.1 TI 1.2 No 1.3 ST 1.4 CI	TLE AME TREET ADORESS TY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS			00144/100
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD FORD, MARSHA F. 2424 BAYWOOD DR. W	ND DIRECTORS	13. 1.1 T/ 1.2 N/ 1.3 S' 1.4 C/ 2.1 T/	TLE AME TREET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHANGES TO OFFICERS	Change	Addition]	001047,447,00
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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. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Feb 12, 1999 8:00am

Secretary of State

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