PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90096 007 ***150.00

DOCUMENT # K37553 1. Corporation Name

i Bun-Rai	R LEASING, INC.					
		•			I CHRINGIN BEN TING YERRI DILAK NIJER ING ALAK	81811 A1817 A1811 A1817 B1811 7881
	•					
Principal Place	e of Business	Mailing Address			T (4010) ti nad intil (430) Budi dilias ini dibit.	BIBIT BIBIT BIBIT BIBIT BIBIT TBBI
10806 US HWY		10906 US HWY 19				
SUITE 101 SUITE 101						
PORT RICHEY FL 34668 PORT RICHEY FL 34668					DO NOT WRITE IN THIS	S SPACE
US US					3. Date Incorporated or Qualifed	
]					10/07/1988	
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26			59-2915288	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27						Fee Required
City & State	9	City & State			-6Election:Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year in	
24	25	29 3	0		Personal Property Tax.	☐ Yes ☐ No
<u> </u>	9. Name and Address of Current	Registered Agent	81	Mana	10. Name and Address of New Registered	Agent
етс	N CTEDUCK E		81	Name		
STEIN STEPHEN E			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	16 US HWY 19 STE 101		L			
	NCHEY FL 34668		83			
			84	City		85 Zip Code
				-	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	e-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	f changing its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was autons of, Section 607.0505, Florid	nonzed by la Statutes	ine corporair	on's board of directors. Thereby accept the appo	Million as registored
SIGNATURE	, ,					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Ager	nt signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	STEIN, STEPHEN E.		1.2 NAME			
STREET ADDRESS	5315 WEST SHORE DR					
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		1.3 STREE	TADDRESS		
TITLE	HETT FORTH MICHELL I E STOSE		1.3 STREE 1.4 CITY-S	į.		
	PV POTI MOTILITE 04032	☐ DELETE		į.		☐ Change ☐ Addition
NAME	PV	☐ DELETE	1.4 CITY-S	į.		☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP		☐ Change ☐ Addition
STREET ADDRESS	PV Stein, Stephen e 5315 West Shore Dr	☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP		☐ Change ☐ Addition
	PV STEIN, STEPHEN E	☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T-ZIP		☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727) 863 2497