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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90069 020 \*\*\*150.00

## DOCUMENT # **K46346** 1. Corporation Name

RADLEASE, INC.

| Multing Address   Multing Ad   |  |   |                                    |  |   |
|--|--|---|------------------------------------|--|---|
| 2 Principal Place of Bustness 2 2a. Making Address 4 Fell Number 5 11/14/1988 2 Principal Place of Bustness 2 2a. Making Address 4 Fell Number 5 11/14/1988 3 2 2 8 Sute, Apt # etc 5 Sute, Apt # etc 5 Sute, Apt # etc 6 Sute, Apt # etc 7 Sute, Apt  | Principal Place of Business  | Mailing Address   |                                    | ा रक्षपानार करा बरमस्य वरस्य राज्यस्य वरस्य वरस्य वरस्य वरस्य वरस्य वरस्य वरस्य वरस्य वर्षाः । | ali 619(1 81911 81911 81911 8191) 1981  |
| Maint Ft. 30131   US   Date the properties of Sustaness   Za. Mailing Address   A FEIN Marber   Maintenance   Maintena   | MYLES J. TRALINS   | 3850 TAMPA ROAD   |                                    |  |   |
| 2. Principal Place of Business   2a Mailing Address   4 Fit Number   59-2917933   Append for   Suite, Apt if etc   5 Suite, Apt if etc   72   72   73   74   74   74   74   74   74   74   | 2 SOUTH BISCAYNE BLVD #3310  |   |                                    | DO NOT WRITE IN THIS SPACE   |   |
| Principal Place of Business   22. Mailing Address   4. FEI Number   Applied for   Not Applicable   Suite, April R etc.   59-29 17933   Suite   Suite, April R etc.   50-29 17933   Suite   Suite, April R etc.   50-20 17933   Suite   Suite, April R etc.   50-20 17933   Suite, April R etc.      | MIAMI FL 33131   | US  |                                    |  |   |
| 2. Principal Place of Business   2. Maining Address   4. FEI Number   59-2317833   Analysis of Sulfa, Apt #, etc.   5. Sulfe, Apt #, etc.   5. Certificate of Status Desired   58.75 Additional Fees Required   58.75 Additional Fees   |  |   |                                    | 1 77   |   |
| Surfe, Apt #, etc   20   27   27   27   Country   27   29   30   Country   8. First corporation owns the current year Integrated 19   55.00 May be Additionally the Country   70   70   70   70   70   70   70   7   | 2. Principal Place of Business   | 2a. Mailing Address   |                                    |  | Applied For   |
| Solice, Apt. F. etc.    20   | 21   | 26  | _                                  | 59-2917933   | Not Applicable  |
| 22   City & State   City & City & State   City & Cit   | , A  | Suite, Apt. #, etc.   |                                    | 5 Cedificate of Status Desired   | * '   |
| 28   | 22   | 27  |                                    | S. Commence of Columb Desired  | Fee Required  |
| TAULES AND ASSOCIATES, P.A. 2 SOUTH BISCAYNE BOULEVARD SUITE 3310  11. Pursuant to the provisions of Sections 607 1502, and 607 1503, floride Stabutes, the above variety by the corporation's submits the statement for the purpose of changing list registered agent and the final market and the provisions of Section 607 1503, floride Stabutes, the above variety by the corporation's submits the statement for the purpose of changing list registered agent and market appointment as registered agent and appointment as registered agent and appointment as registered agent and appointment  | City & State   | City & State  |                                    |  |   |
| 9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  TRAINS AND ASSOCIATES, P.A. 2 SOUTH BISCANNE BOULEVARD SUTE 3310  MAMIF I. 33131  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent and amiliar with, and accept the obligations of, Section 607 6050. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of, Section 607 6050. Florida Statutes  SIGNATURE  SIGNA | 23   |   |                                    | Trust Fund Contribution  |   |
| 9. Name and Address of Current Registered Agent  TRALINS AND ASSOCIATES, P.A. 2 SOUTH BISCAYNE BOULEVARD SUITE 3310 MAMN FL 33131  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Stabules, the above-named corporation submits this statement for the purpose of changing its registered agent in amount of the provisions of Sections 607 0502 and 607 1508. Florida Stabules, the above-named corporation submits this statement for the purpose of changing its registered agent in amount of the provisions of Sections 607 0507 5007 5007 5007 5007 5007 5007   | <b>-</b> ' '   | <u> </u>  | Country                            |  |   |
| TRALINS AND ASSOCIATES, P.A. 2 SOUTH BISCANNE BOULEVARD SUITE 3310  MAMM FL 33131  82 Street Address (P.O. Box Number is Not Acceptable)  83 Suite 3310  84 Cory FL  85 Zip Code  11. Pursuit 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 tam familiar with, and accept the obligations of, Section 607,6505. Florida Statutes  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. Pursuit the provision of sections 607,0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent tam familiar with, and accept the obligations of, Section 607,0505. Florida Statutes  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE PSD  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. COPY ST.2P  15. TITLE C |  |   | L                                  |  | A   |
| SUTE 3310  MAMN FL 33131  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. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered directors in the purpose of changing its registered by the corporation's board of directors. Thereby accept the appointment as registered directors. Thereby accept the appointment as registered directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered and accept the appointment as registered and registered and accept the appointment as registered and registered appointment as registered appointment and appointment as registered and registered and registered appointment as registered appointment and registered appointment as registered appointment as registered appointment as registered appointment and registered appointment and registered appointment and registered appointment and registered a | s. Name and Address of Co  | inent Nagistered Agent  | 81 Name                            | 10. Harrie and Madridge of feet fregress   |   |
| SUTE 3310  MAMN FL 33131  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. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered directors in the purpose of changing its registered by the corporation's board of directors. Thereby accept the appointment as registered directors. Thereby accept the appointment as registered directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered and accept the appointment as registered and registered and accept the appointment as registered and registered appointment as registered appointment and appointment as registered and registered and registered appointment as registered appointment and registered appointment as registered appointment as registered appointment as registered appointment and registered appointment and registered appointment and registered appointment and registered a | TRALINS AND ASSOCIATES, P.A  | ı•  |                                    |  |   |
| ### FL 33131    State   State  |  |   | 82 Street Add                      | Iress (P.O. Box Number is Not Acceptable)  |   |
| Sections of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, 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, or both and the state of Florida Statutes.    Intelligible      | SUITE 3310   |   | 83                                 |  |   |
| ### Previous 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 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 an familiar with, and accept the obligations of, Section 607 0505. Florida Statutes  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  PSD  OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS IN 12.  ITILE  PSD  OFFICERS AND DIRECTORS IN 12.  ITILE  PSD  OFFICERS AND DIRECTORS IN 12.  ITILE  OFFICERS AND DIR | MIAMI FL 33131   |   |                                    |  |   |
| 11. Personant to the provisions of Sections 607 6502 and 607 1509. Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and florid and accept the obligations of, Section 607 6505, Florida Statutes  SIGNATURE    Signature typed or protect name of impalered agent and titor if applications   NOTE Registered Agent substances   NOTE Regist |  |   | 84 City                            | 1  | Fi 85 Zip Code  |
| TITLE  | office or registered agent, or both, in the S<br>agent I am familiar with, and accept the o<br>SIGNATURE | itate of Florida Such change was author<br>bligations of, Section 607,0505, Florida | prized by the corporat<br>Statutes | ed when reinstating)   | ppointment as registered  |
| TRAINS, ALAN   12 NAME   13 STREET ADDRESS   25 TAMPA ROAD   13 STREET ADDRESS   14 CTY, ST-2P   PALM HARBOR FL   14 CTY, ST-2P  |  |   | 13.                                | ADDITIONS/CHANGES TO OFFICER   |   |
| STREET ADDRESS   SASO TAMPA ROAD   13 STREET ADDRESS   |  | ☐ DELETE  | 11TITLE                            |  | Change Addition   |
| TITLE  |  |   | 1.2 NAME                           |  |   |
| TITLE  | · · · · · · · · · · · · · · · · · · ·  |   | 13 STREET ADDRESS                  |  |   |
| NAME   | <del></del>  |   | <del></del>                        |  | Change D Addition   |
| 2   STREET ADDRESS   2   4 C/TY-ST-ZIP   | TITLE  | L) DELETE   |                                    |  |   |
| 2 4 C/TY-ST-ZIP  | ]  |   | · ·                                |  |   |
| TITLE  |  |   | 1                                  |  |   |
| NAME   | <del></del>  | ( DELETE  |                                    |  | Change Addition   |
| STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   35 CITY-ST-ZIP   35 CITY-ST-ZIP   35 CITY-ST-ZIP   35 CITY-ST-ZIP   36 CITY-ST-ZIP   3   |  | _ Descrip   |                                    |  |   |
| CITY-ST-ZIP  | <u> </u>   |   | l i                                |  |   |
| TITLE  |  |   | 1                                  |  |   |
| NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  51 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  61 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  G 3 STREET ADDRESS  CITY-ST-ZIP  G 4 CITY-ST-ZIP  G 5 STREET ADDRESS  G 3 STREET ADDRESS  CITY-ST-ZIP  G 4 CITY-ST-ZIP  G 5 CITY-ST-ZIP   |  | ☐ DELETE  |                                    |  | Change Addition   |
| STREET ADDRESS   43 STREET ADDRESS   | l -  |   |                                    |  |   |
| CITY-ST-ZIP  | 1  |   | 43 STREET ADDRESS                  |  |   |
| TITLE         DELETE         51 TITLE         Change         Addition           NAME         52 NAME         52 NAME   |  |   | 4.4 CITY-ST-ZIP                    |  |   |
| STREET ADDRESS   53 STREET ADDRESS   54 CITY-ST-ZIP     Change   Addition  |  | ☐ DELETE  | <del></del>                        |  | Change Addition   |
| STREET ADDRESS         5 3 STREET ADDRESS           CITY-\$T-ZIP         54 CITY-\$T-ZIP           TITLE         DELETE         61 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS           CITY-\$T-ZIP         64 CITY-\$T-ZIP  | NAME   |   | 52 NAME                            |  |   |
| DELETE   DELETE   61 TITLE   Change   Addition   | ì  | j   | 5.3 STREET ADORESS                 |  |   |
| NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS           CITY-ST-ZIP         64 CITY-ST-ZIP   | CITY-ST-ZIP  |   |                                    |  |   |
| STREET ADDRESS  CITY-ST-ZIP  63 STREET ADDRESS  64 CITY-ST-ZIP   | — · · · · · · · · · · · · · · · · · ·  | □ DELETE  | 61 TITLE                           |  | ☐ Change ☐ Addition   |
| CITY-ST-ZIP 64 CITY-ST-ZIP   | NAME   |   | 62 NAME                            |  |   |
| CIT-37-Zir   | STREET ADORESS   |   | 63 STREET ADDRESS                  |  |   |
| "If factly a state of the state | CITY-ST-ZIP  |   | 64 CITY-ST-ZIP                     | ···  | I All |

14. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual reports true of it 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 the 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 attack image with an artifices, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR