**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90200 013 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K51003

1. Corporation Name

Principal Place of Business

COMPUTER LEASING COMPANY OF MICHIGAN, INC.

166 A1A NORTH STE E 116 LAUREL CT. PONTE VEDRA BEACH FL 32082 US		166 A1A NORTH STE E 116 LAUREL CT. PONTE VEDRA BEACH FL 32082 US				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  12/06/1988				
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number	_		$\square'$	Applied For	
21		26			59-296120	<u>2                                    </u>			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of S	Status Desired			Additional
22		27				<b>3</b> . Controcto or <b>3</b>			Fee I	Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip	Country Zip		Country				on owes the current year int			
24	25 29 30		30	Personal Property Tax.			□ Y <sub>1</sub>		□No	
	9. Name and Address of Curren	t Registered Agent		04		10. Name and Ad	ddress of New Registered	Agen	<u> </u>	
ADM	STRONG, COLIN W.			81	Name					
	LAUREL CT.		82 Street A			Address (P.O. Box Number is Not Acceptable)				
	TE VEDRA BCH. FL 32082									
. •										
				84	City		FL	85	Zip	o Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or printed name of registered agen	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized da Statu	ites.	the corpor	ation's board of director	s. Thereby accept the appoint		III ds	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CI	HANGES TO OFFICERS AF			
TITLE	DVT	☐ DELETE	1.1 TIT	LΕ				Ü	Chang	e 🔲 Addition
NAME	ARMSTRONG, COLIN W.		1.2 NA	ME						ļ
STREET ADDRESS	116 LAUREL CT.				ADDRESS					
CITY-ST-ZIP	PONTE VEDRA BCH. FL		1.4 CITY-		r- ZIP	·			<u> </u>	- CT Addition
TITLE	DPS	☐ DELETE	2.1 TITLE					Пс	Change	e 🔲 Addition
NAME	yanover, robert a.		2.2 NAME							
STREET ADDRESS	133 QUAYSIDE DR		2.3 STREE		ADDRESS					
CfTY-ST-ZIP	JUPITER FL		2. 4 CI		T-ZIP					. Dåddistaa
TITLE	<b>.</b>			3.1 TITLE				П	Chang	e
NAME			3.2 NA							
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. CI		T-ZIP				Chang	e Addition
TITLE		☐ DELETE	☐ DELETE 4.1 TF						Juany	e 🗀 Addition
NAME			4.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CIT		r-ZIP				Chang	e Addition
TITLE		□ DELETE	5.1 TIT 5.2 NA						Jila ig	
NAME					ADDRESS					
STREET ADDRESS			5.4 CIT							
CITY-ST-ZIP		□ DELETE	6.1 TIT		-417			П.	Change	e Addition
TITLE			6.2 NA					٠.,٠		
NAME			6.3 STREET A		ADDRESS					
STREET ADDRESS			0.3 3	NEEL	PUNESS					

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE: