

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90099 006 ***150.00

DOCUMENT # L20709

1. Corporation Name
PERNA LEASING, INC.



Principal Place of Business

% THOMAS P. FINAN
1760 NW 94 AVENUE
MIAMI FL 33172-9336

Mailing Address

% THOMAS P. FINAN
1760 NW 94 AVENUE
MIAMI FL 33172-9336

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1989

4. FEI Number

65-0168061

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3650 CARDINAL BLVD

2a. Mailing Address

26 3650 CARDINAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DAYTONA BEACH, FL

City & State

28 DAYTONA BEACH, FL

Zip Country

24 32118

Zip Country

29 32118

9. Name and Address of Current Registered Agent

PERNA, ANTHONY J.
1760 N.W. 94TH AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name PERNA ANTHONY J.

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

3650 CARDINAL BLVD.

83

84 City DAYTONA BEACH

FL

85 Zip Code 32118

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PERNA, ANTHONY J.
STREET ADDRESS 1760 N.W. 94TH AVENUE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3650 CARDINAL BLVD

DAYTONA BEACH, FL 32118

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-253-9624

Date

Daytime Phone

4/24/99

CR2E034 (11/98)

0247121