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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L52887 1. Corporation Name

TRIANGLE LEASING OF FLORIDA, INC.

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Principal Place	of Business	Mailing Address								
717 CAMANN ST		717 CAMANN ST	717 CAMANN ST						•	
GREENSBORO NC 27407		***************************************	GREENSBORO NC 27407				DO NOT WRITE IN THIS SPACE			
US		US							I I III S SFACE	
							rporated or Q	lairted		
						02/26/1			<del></del>	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Num			<b>}</b> -+	Applied For
21		26	26			56-172	<u>8337                                     </u>			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			E Cartifoots	of Status Des	ired 🔲		5 Additional
22		27	27			5. Certificate	O) Olalus Des		Fee	Required
City & State	9	City & State				6. Election	 Campaign Fina	ncing	\$5.0	0 May Be
23		28				-Trust Fur	d.Contribution	<u></u>	* Adde	d to Fees
Zip	Country	Zip	Co	untry		8. This corp	oration owes t	ne current y	ear Intangible	
24	25	29	30			Personal	Property Tax.		☐ Yes	□No
24	9. Name and Address of Curre		11			10. Name ar	d Address of	New Regis	tered Agent	
				81	Name					
GRA)	y, elihew			82						
	ANE AVE SOUTH					ddress (P.O. Box N	umber is Not	Acceptable)		
	(SONVILLE FL 32254		•	83						
UNO	(OOITTIELE I'E OLLO!			33						
				84	City		_		85 Z	ip Code
									FL "	14
44 5		00 10074500 54 11-6	Statutes, the a	ahawa .		orporation submits	this statement	tor the purp	ose of changing	its registered registered
11. Pursuant	to the provisions of Sections 607.05	ouz and 607.1508, Florida s	une nuthorize	abuve-	hameu c	ration's board of dir				
office or re	egistered agent or both in the State	e of Florida. Such change v	vas autnorize	a by ir	he corpor	ration's board of dir	ectors. I nereb	y accept the	арронилист ис	•
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP