FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L62167 (6)

1. Corporation Name
SOUTHERN LEASING MANAGEMENT COMMERCIAL REAL ESTATE CORP.

Principal Place of Business
~~603 S OCEAN BLVD #4~~
~~POMPANO BCH, FL 33062~~

Mailing Address
2228 CYPRESS BEND DR
~~#4~~ PH2
POMPANO BEACH FL 33069
US

No

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/04/1990	04/25/1994

4. FEI Number: 65-0181539 — 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 has liability for intangible tax under S. 199.052, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 10462 West Atlantic Blvd
22 Suite, Apt #, etc.
23 City & State: Coral Springs FL
24 Zip: 33071 25 County: Broward

2a. Mailing Address
26
27 Suite, Apt #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent
GOLDFARB, A.A.
~~603 S OCEAN BLVD #4~~
~~POMPANO BCH, FL 33062~~

10. Name and Address of New Registered Agent
81 Name: A.A. GOLDFARB
82 Street Address (P.O. Box Number is Not Acceptable): 2228 Cypress Bend Dr
83 PH2
84 City: Pompano Beach FL 85 Zip Code: 33069

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]
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	D
NAME	GOLDFARB, A.A.
STREET ADDRESS	~~603 S OCEAN BLVD #4~~
CITY-ST-ZIP	~~POMPANO BCH, FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☒ Change ☐ Addition
1 2 NAME	A.A. GOLDFARB	
1 3 STREET ADDRESS	2228 Cypress Bend Dr PH2	
1 4 CITY-ST-ZIP	Pompano Beach FL 33069	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] A.A. GOLDFARB 2/ /95 305 340-0434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0428785 FP