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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L62921

REGENT AUTO LEASING AND SALES, INC.

REGENT	AOTO EEAGING AND GALL	o, 1110.							
Principal Place	of Business	Mailing Address							
1801 S. FEDERA		P. Q. BOX 811285							
STE 214 BOCA RATON FL 33481						DO NOT WRI	TE IN THIS	SPACE	
DELRAY BCH FL 33483 US					3. Date Incorporated or Qualifed		OF ALCE	·	
US						04/02/1990			1
		1 - A 11 - A 11 - A				4. FEI Number		Apr	plied For
2. Principal Pla	ace of Business	2a. Mailing Address				65-0183588		1	Applicable
21		26		 -				\$8.75 A	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Re	
22		City & State				6. Election Campaign Financing	_	\$5.00	May Re
City & State	•	⊢ , '				Trust Fund Contribution		Added to	
23		Zip	Count	trv		8. This corporation owes the curr	ent vear Int	angible	
Zip	Country	├¬ ` ┌	\neg	.,		Personal Property Tax.	on your m	Yes	□No
24	9, Name and Address of Current		30			10. Name and Address of New I	Registered	Agent	
	9. Name and Address of Curren	Registered Agent	- 1	31 Na	me				
LEC'S A	OLV INSEPH R		L						
MEMOLY, JOSEPH R 1801 SOUTH FEDERAL HWY			1	82 Street Address (P.O. Box Number is Not Acceptable)					
STE			1	B3		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	54-144-144	न्द्र सारा अक्ष	12. 14. 14
	RAY BCH FL 33483				_	2年1月3日3日7日	訓集部	加州社	1-111111111
DELF	AN BOTTE SO405		1	B4 Ci	y	2	FL	85 Zip (Code
			- 4515-		ned core	oration submits this statement for the	nurnose of	changing its	registered
	to the provisions of Sections 607.050 egistered agent, or both, in the State			ove-nai	neo corpo	on's hoard of directors. I hereby acce	pt the appoi	intment as re	gistered
					301 p01 440	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-
agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obligation	tions of, Section 607.0505, Flori	ida Statut		oo porado	,			
agent. Lar	m familiar with, and accept the obliga	lions of, Section dov.0303, Flori	iga Ototo	les.	50, po, a			<u>.</u>	
agent. Lar	m familiar with, and accept the obligation of special states of sp	it and title if applicable. (NOTE:	Registered A	les.	50, po, a	d when reinstating)	DATE	<u> </u>	
agent. Lar	m familiar with, and accept the obligation of signature, typed or printed name of registered ager OFFICERS AN	at and little if applicable. (NOTE:	Registered A	es.	50, po, a		DATE	<u> </u>	
signature	m familiar with, and accept the obligation of signature, typed or printed name of registered ager OFFICERS AN	it and title if applicable. (NOTE:	Registered A	gent sign	50, po, a	d when reinstating)	DATE	ND DIRECTO	DRS IN 12
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SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN PTD MEMOLY, JOSEPH R 1801 SOUTH FEDERAL HWY	at and little if applicable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR	igent sign E ME REET ADO	ature required	d when reinstating)	DATE	ND DIRECTO	DRS IN 12
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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 withyan address, with affective empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90011 019 ***150.00