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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # L72734

(1)

WEST COAST LEASING CORPORATION

MESI	COAST LEASING CORPOR	MATION		
Principal Plac	e of Business	Mailing Address		[0.004/0.00 0.004 0.004 0.004 0.004 0.004 0.004 0.004 0.004 0.004 0.004 0.004 0.004 0.004 0.004 0.004
10241 LITTLE	ROAD	10241 LITTLE ROAD		
	HCHEY FL 34654	NEW PORT RICHEY	FL 34654	DO NOT WORK IN THE ODGO
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
Principal F	Place of Business	2a, Mailing Address		05/11/1990 4. FEI Number Applied For
21	pod or bosinoss	26		59-3012716 Not Applicable
Suite, Apt.	#, etc.	Surte, Apt. #, etc.		S8 75 Additional
22		27		6. Certificate of Status Desired Fee Required
City & Stat	le .	City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Z)p	Country	8. This corporation owes or has paid the current year Intangible
24	9, Name and Address of Curre	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		un ushitraran Marit	81 Na	Name
	LTON, LINDA			
	241 LITTLE ROAD W PORT RICHEY FL 34654		82 St	Street Address (P.O. Box Number is Not Acceptable)
NE	W FUNI NICHET FL 34034		83	
			84 Ci	City FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida St	atutes, the above-na	named corporation submits this statement for the purpose of changing its registered
office or o	registered agent, or both, in the Stat im familiar with, and accept the oblid	e of Florida, Such change w gatious of Section 607 0505	ras authorized by the Elorida Statutes	he corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	and document that the con-	g	, roman bladdop.	
BIGINATORE	Signature, typed or printed name of registered ag		NOTE Registered Agent sig	signature required when reinstating) DATE
12.	OFFICERS AT	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition
HAME	FULTON, LINDA		. 1,2 NAME	
STREET ADDRESS	10241 LITTLE RD	•4	1.3 STREET ADDR	
CITY-ST-ZIP	NEW PORT RICHEY FL 3465	DELETE	1 4 CITY - ST - ZIP	ZIP Change Addition
TITLE	S ODATE DETED	□ Deten.	2 1 TITLE	C. Change C. Adultion
NAME	SPATZ, PETER 10241 LITTLE RD		2 2 NAME	1
STREET ADDRESS	NEW PORT RICHEY FL 3465	i.	2 3 STREET ADOR	1
CITY-ST-ZIP TITLE	HEN FORT MORE! FL 340:	DELETE	2 4 CITY - ST - ZIF 3 1 TITLE	Change Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDR	nderss
CITY-ST-ZIP			3.4. CITY - ST - ZIF	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDR	DORESS
CITY-ST-ZIP			4.4 CITY - ST - ZIP	ZIP
TITLE		DELETE	51 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDR	DDAESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELFTE	6.1 1ITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDR	DDRESS

14. 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 of histore 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 a address.