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

PROFIT

May 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L89872 (0)ANTHONY ABRAHAM LEASING, INC. Principal Place of Business Mailing Address TIBL SW STH STREET COCOS S.W. \$1 MG HEL CW OTH STREET MIAMI FL 93194-64156, 8,33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1990 2. Principal Place of Business 2a. Marling Address 4. FEI Number S. W. ST Avenue 26 4400 65-0213939 Asson Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State <u> 200</u> City & State 6. Election Campaign Financing \$5.00 May Be Memil Mism Trust Fund Contribution Added to Fees 23 Zip Country Country  $Z_{10}$ 8. This corporation owes or has paid the current year Intangible USA 25 US A 33143 ☐ Yes 29 30 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 i Name ABRAHAM, THOMAS G O. Box Number is Not Acceptable) 4181 SW 8TH STREET A2 Street Address ( **MIAM! FL 33134** 83 84 City Zip Code ica 33143 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 jund accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stanature and tile cappicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELÈTE Change TITLE 11 DECE MALOUF, THOMAS NAME 1.2 NAME 1700 E HILLSBOROUGH AVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 THILE TITLE ABRAHAM, ANTHONY R NAME 2.2 NAME 727-S ALHAMBRA STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 6600 S.W. 67 Avenus Misoni, Fl. 33143 ABRAHAM, THOMAS G NAME 3.2 NAME 1505 PONCE DE LEON BLVD STREET ADDRESS 3 3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME BRYER, WARREN 4. 2 NAME 6600 S.W. 57 AVENUE STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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

**FILED** 

2-11-20