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

PROFIT CORPORATION ANNUAL REPORT

1998

J. R. LEASING, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M19531

(6)

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						.	EDEÐI DINDÐ MINT NI		IDIA BIBAH DI	
% JOAN SMITH		% Joan Smith 465 riverside dr.								
485 RIVERSIDE D R. Stuart Fl. 34994		STUART FL 34994			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporate 08/19/1985	d or Qualified	·		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number 59-2590735	· · · · · · · · · · · · · · · · · · ·			pplied For lot Applicable
Sulte, Apt. #, etc		Suite, Apt. #, etc.								Additional
22		27]				5. Certificate of Stat	us Desirea		Fee F	lequired
City & State		City & State	······································			6. Election Campaig Trust Fund Contr	,	ГП		May Be
Zip Country		28 7(p)	Zip Country			8. This corporation		id the curre		
24	25 29		30			Personal Property	y Tax due June	30. 🐰	Yes	□ No
	9. Name and Address of Curren	t Registered Agent				10. Name and Addr	ess of New Re	gistered A	gent	
SMITH, JOAN 465 RIVERSIDE DR.				81	Name Kazuyo Russell					
		82 Street Addre			ss (P.O. Box Number i		ole)			
STUART FL 33495				83	405	Riverside Dr	ive			
			į	84	0.4	· · · · · · · · · · · · · · · · · · ·			B5 Zip	Code
					City Stua			FL		34994
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize					named corpo	oration submits this state	ement for the p I hereby accep	ourpose of a ot the appo	changing intraent a	its registered s registered
agent. Lam familiar with, and accept the obligations of Section 607,0505, Florida Statute							, ,	1	loo	
SIGNATURE	Signature, type or proportioname of trig stored ages	 LAcore	I signature required	d when roughtings		DATE DATE	/71			
12,	OFFICERS AND		13.			ADDITIONS/CHAN	IGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	D DELETE		1110	ILE		•			Change	☐ Addition
NAME	RUSSELL, LUTHER J.		1.2 NAME							
STREET ADDRESS	465 RIVERSIDE DR. STUART FL				ADDRESS					
CITY-ST-ZIP	ST X DELETE			1 4 CITY-ST-ZIP 2 1 TITLE					Change	Addition
TITLE NAME	ALMERIC TO A LT			22 NAMF						
STREET ADDRESS	465 RIVERSIDE DR.				ADDRESS					;
CITY-ST-ZIP	STUART FL			2 4 CITY - ST - ZIP						
TITLE	D	DELETE	3 1 TI	3 1 TITLE					Change	Addition
NAME	RUSSELL, KAZUYO		3.2 NAI							1
STREET ADDRESS	465 RIVERSIDE DR. STUART FL			3.3 STREET ADDRESS						
CITY-ST-ZIP	T neitre		3.4 C 4.1 Ti	IIY-S1	T- ZIP				Change	Addition
TITLE	ecretary						•			
NAME Street address	CIKI KUSSEII			4.3 STREET ADORESS						
CITY-ST-ZIP	Stuart, FL 34994	3		TY-ST						
TITLE	Treasurer	DELETE	5.1 70	TLE					Change	Addition
NAME	Ken Russell	B		.? NAME						
STREET ADDRESS	465 Riverside Drive		5.3 S1	5.3 STREET ADORESS						
CITY-ST-ZIP	Stuart, FL 34994			TY-ST	- ZIP			· ·····	Change	Addition
TITLE		☐ DELETE	6.1 1							Autouni
NAME CERCET ADDRESS			6.2 N/		ADDRESS					
STREET ADDRESS				14-S1						
CITY-ST-ZIP		d N. Charleton and complete	for the over	20101	ion stated in E	Spetion 110 07/3\/i) Ele	vida Statutae I	further cor	tily that th	o information

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 informatio 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 or any attachment with an address.

(Ch) 282 1277