FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name M63626

(9)

DOMED LEASING COMPANY INC

DOME	n LLASING CONII AINT, IIN	y '			
Principal Place	of Business	Mailing Address		T TABLEBUM THE DELIGIOUS AND THE SELECTION AND T	MINST DINST ARMIT ATRIC NSSIE NINST FOUR
3400 INTERNATIONAL PLACE 100 S.E. 2MD ST. MIAMI FL 33131		3400 INTERNATION 100 S.E. 2ND ST. MIAMI FL 33131	AL PLACE	Date Incorporated or Qualified 3a	. Date of Last Report
US		US		12/14/1987	05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FLI Number	Applied For
21		26		65-0022162	Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Oity & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zφ	Country	8. This corporation has liability for intan	
24	25	29	[30]	Florida Statutes	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Regis	terea Agent
m 04 IN 15	TO D LAWDENCE			ALL DATE AND ALL DATE	
	ER, R. LAWRENCE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	NTERNATIONAL PLACE		83		
100 S.E. 2ND ST. Miami Fl 33131					or 7.5 Codo
MAM	FL 33131		84 City		FL 85 Zip Code
SIGNATURE	n, and accept the oblightions of, Sections of Sections of Sections of the oblightions of the object	a zi tro tago de l' DDRECTORS	tri te. Popitina Aji et siji idi e. mij e. 13.	ADDITIONS CHANGES TO OFFICER	
TITLE	PAD	[_] DELETE	1 : 10UE		Change Addition
NAME	HOMER, PETER W.		1.2 NAME		
STREET ADDRESS	640 SUNSET CIR		1.3 STREET ACORESS		
CITY-ST-ZIF	KEY BISCAYNE FL	☐ DELETE	1.4 CH Y - ST - ZIF 2.1 TULE		Change Addition
TIFLE	VTDS		2 1 MAMP		
NAME STREET ADDRESS	BONNER, R. LAWRENCE 10201 SW 55TH AVE.		2.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL		2.4 City - ST - 7iP		
CITY - ST - ZIP TITUE	MINAMITE	DELETE	3 1 11/10		☐ Change ☐ Addition
NAME			3.2 NAMI		
STREET ADDRESS			3.3 STREET ADDRESS:		
CITY - ST - 7IP			3 4 C(TY - ST - Z(F		
T:TLE		DEL ETE	4 I THEF		Change Addition
NAM:			4.2 NAM:		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST- ZIP		FT DOLETE	4.4.0(T) ST 7:P		Change Addition
TITLE	:	[_] DE: ETE	5 : TITLE 52 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADORESS			5.4 OUY - \$1 - ZIF		
CITY ST-2IF		DELETE	6 1 Tifle		Change Addition
NAME			62 NAMs		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OF 719			64 0/Y - \$1 - 7/2		
14. I do heret certify that		ual report or supplemental a pration or the receiver or tru	innuai report is true and accui stee empowered to execute ti	for the ⇔emption stated in Section 119.076 rate and that my signature shall have the san his report as required by Chapter 607, Florid	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 1

1/29/96 305 350-5100

CR2E034 (12/95)