

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90002 039 *****8.75
 09-10-1999 90002 040 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M69415**
 Corporation Name
EQUIPMENT LEASING & MAINTENANCE, INC.



Principal Place of Business Mailing Address
 44 N US 301 4424 N US 301
 WILDWOOD FL 32785 WILDWOOD FL 32785
 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address
 26
 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
 28
 City & State 28 City & State
 Zip 25 Country Zip 30 Country

3. Date Incorporated or Qualified
02/24/1988
 4. FEI Number **59-2904345** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required
 6. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution Added to Fees
 8. This corporation owes the current year
 Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
FARKUS, BILL
4424 N US 301
WILDWOOD FL 34782

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	PST FARKUS, BILL 4424 N US 301 WILDWOOD FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE	D FARKUS, BILL 4424 N US 301 WILDWOOD FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	D FARKUS, DEBBIE 4424 N US 301 WILDWOOD FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	Tori Farkus 4424 N US 301 Wildwood Fla. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 with an address.

SIGNATURE: Debbie Farkus **REQUIRE** Sep 1 99 352 748 2337

CR2E034 (5/99)