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Feb 27, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M98680 1. Corporation Name

PROFESSIONAL LEASING ALLIANCE, INC.

| | | | | 1 | | | | | |
|---|--|---|-------------------------------|----------------|---|-------------------|-------------------------|-----------------------------------|----------------|
| Principal Place of Business Mailing Address | | | | | 1100101 | #13 17 SB1B) B1 | HT BUTS 183H TON BUTH T | a ti dib il albi bi | 0)1 2121) 1861 |
| 4900 MANATEE AVENUE WEST 4 | | 4900 MANATEE AVENUE WEST SUITE 101 | | | | | | | |
| SUITE 101 | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| BRADENTON FL 34209 US | | Bradenton FL 34209 US | | } | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | |
| บจ | | 03 | | 1 | 09/15/19 | | <u> Zuameu</u> | | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Numbe | | | App | lied For |
| 21 12801 N. Central Expresswal 26 2801 N. Centr | | | l Express | way | 65-0099 | 062 | | Not | Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | , | | esired | \$8.75 A | dditional |
| | | 700 | | 1 | 5. Certifcate of | of Status De | esired Lj | Fee Req | quired |
| City & State | е | City & State | | | 6. Election Ca | ampaign Fir | nancing [] | \$5.00 N | May Be |
| 20 10011005 121 | | | | | Trust Fund | Contributio | n | Added to | Fees |
| Zip | Country | Zip | Country | | • | | the current year into | | |
| 24 75243 | | 29 75243 30 | USA | | | roperty Tax | of New Registered | | □No |
| | 9. Name and Address of Current | 81 Name | | 10. Name and | Address | I New Registered | - Gent | | |
| COURTNEY, CALVERT N | | | CT | Corp | oration | Syster | n | | |
| | -6TH ST W | | | | s (P.O. Box Nu outh Pine | | | | |
| | METTO FL 34221 | | 83 | 00 30 | acii i iiie | : ISLAI | id Road | | |
| | | | | | | | · | | |
| , | | | 84 City Plantation | | | | FL | 85 Zip Ci 3332 | ode :4 |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | the chair name | d same | tion outmite th | is statemen | t for the purpose of | changing its r | egistered |
| office or re agent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the objects | f Florida. Such change was auth of Section 607.0505, Florida | onzed by the con Statutes. | rporation | s board of direc | Tors. Inere | E. JONES | ittilent as regi | istereu |
| SIGNATURE | | | | | | | | | |
| GIONATONE | Signature, typed or printed name of registered agent | | | re required wh | | | SECRETA | | - |
| 12. | OFFICERS AND | DIRECTORS *********************************** | 13. | Tan- | ADDITIONS | /CHANGES | TO OFFICERS AN | ☐ Change | Addition |
| TRILE | PSD CALVEDT | X KUELETE | 1,1 TITLE | PD | | ** | | ☐ Onlange | |
| NAME | COURTNEY, CALVERT | | 1.2 NAME | | ler, Bria | | F | Ci+a | 700 |
| STREET ADDRESS | 2202-6TH STREET WEST PALMETTO FL 34221 | | 1.3 STREET ADDRESS | l l | | | Empressway, | SHIFE | 700 |
| CITY-ST-ZIP | PALMETTO PL 34221 | ☐ DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | v | las, TX | <u>7524</u> | 3 | Change | Addition |
| TITLE NAME | | | 2.2 NAME | | cer, E. I | B., TTT | | - | _ |
| STREET ADDRESS | | | 2.3 STREET ADORESS | 1280 | 01 N. Ce | ntral | Expressway, | Suite | 700 |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | | las, TX | 7524 | | | |
| TITLE | | ☐ DELETE | 31 TITLE | TD | | | | Change | Addition |
| NAME | | | 3.2 NAME | Von | ier, Jim | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | s 1280 | 01 N. Ce: | ntral | Empressway, | Suite | 700 |
| CITY-ST-ZIP | | | 3.4. CfTY-ST-ZIP | Dall | las, TX | 75243 | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | Sec | retary | | | Change | ☐ Addition |
| NAME | | | 4.2 NAME | Mila | an, Davi | đ J. | | | |
| STREET ADDRESS | • | | 4.3 STREET ADDRESS | s 1280 | 01 N. Ce | ntral | Empressway, | , Suite | 700 |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | las, TY | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | - | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | SS | | | • | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP 6.1 TITLE | | | | | [] Change | ☐ Addition |
| TITI F | | ☐ DELETE | Q.1 IIILE | 1 | | | | | |

CITY-ST-ZIP 14. 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 suppliemental affinitely 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 eccipier 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 attacomment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Milan, Secretary 1/22/98 (972)239--7575