


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000861					
1. Corporation Name MONROE SCHOOL BOARD LEASING CORP.					
Principal Place of Business 241 TRUMBO ROAD KEY WEST FL 33040 US			Mailing Address 241 TRUMBO ROAD KEY WEST FL 33040 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/22/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0728948	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LANNON, MICHAEL J 241 TRUMBO RD KEY WEST FL 33040				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, CLARENCE W		1.2 NAME		
STREET ADDRESS	241 TRUMBO ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LABRADA, PATRICK G		2.2 NAME		
STREET ADDRESS	241 TRUMBO ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	chair person <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFITHS, ANDY		3.2 NAME		
STREET ADDRESS	241 TRUMBO ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, DEBRA		4.2 NAME		
STREET ADDRESS	241 TRUMBO ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	Vice-Chair person <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHAN, ANNE K		5.2 NAME		
STREET ADDRESS	241 TRUMBO ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	(D) Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	Eileen Quinn	
STREET ADDRESS			6.3 STREET ADDRESS	915 Southard St. Apt. 3	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Key West 33040	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

305-296-2639

Date

Daytime Phone #

CR2E037 (11/98)