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

352424

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

FILED
99 MAR 24 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # **P02307**

1. Corporate Name
DADE LEASE MANAGEMENT, INC.

Principal Place of Business
427 BEECH STREET
SCOTTSVILLE KY 42164

Mailing Address
427 BEECH STREET
SCOTTSVILLE KY 42164

2. Principal Place of Business
21
Street Apt. #, etc.
22
City & State
23
Zip Country
24 [25]

2a. Mailing Address
26
Street Apt. #, etc.
27
City & State
28
Zip Country
29 [30]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated
06/06/1984

4. FEI Number
36-3299691

Applied For
Not Applicable

5. Certificate of Status
$8.75 Additional Fee Required

6. Electronic Filing Acceptance Fee
$5.00 May Be Added to Fees

8. This corporation was the successor by merger of a Florida Corporation
Personal Property Tax Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number not acceptable)
83
84 City

700002826037--3
-04/01/99--01036--019
****300.00 ****150.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the company to maintain a 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

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	TURNER, CAL JR	
STREET ADDRESS	104 WOODMONT BLVD	
CITY ST ZIP	NASHVILLE TN 37210	
TITLE	S	[ ] DELETE
NAME	CARPENTER, BOB	
STREET ADDRESS	104 WOODMONT BLVD	
CITY ST ZIP	NASHVILLE TN 37210	
TITLE	CFO	[ ] DELETE
NAME	RICHARDS, PHIL	
STREET ADDRESS	104 WOODMONT BLVD	
CITY ST ZIP	NASHVILLE TN 37210	
TITLE	C	[ ] DELETE
NAME	SANDERSON, RANDY	
STREET ADDRESS	427 BEECH ST	
CITY ST ZIP	SCOTTSVILLE KY 42164	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change	[ ] Address
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY ST ZIP			
2.1 TITLE		[ ] Change	[ ] Address
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY ST ZIP			
3.1 TITLE		[ ] Change	[ ] Address
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY ST ZIP			
4.1 TITLE		[ ] Change	[ ] Address
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY ST ZIP			
5.1 TITLE	DIRECTOR OF TAX	[ ] Change	X Address
5.2 NAME	MIKE PORTER		
5.3 STREET ADDRESS	427 BEECH ST.		
5.4 CITY ST ZIP	SCOTTSVILLE, KY 42164		
6.1 TITLE		[ ] Change	[ ] Address
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY ST ZIP			

LBP 3/24/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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, with all other like empowered.

SIGNATURE: Mike Porter MIKE PORTER 1/13/99 502-237-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number