

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10469 (5)

1. Corporation Name

POSILEASE FINANCIAL, INC.



Principal Place of Business

1620 S FEDERAL HWY., STE 401
POMPANO BEACH FL 33062

Mailing Address

1620 S FEDERAL HWY., STE 401
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified
06/17/1986

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 1600 South Federal Highway

26 1600 South Federal Highway

4. FEI Number
23-2414634

Applied For
Not Applicable

22 Suite 401

27 Suite 401

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Pompano Beach, FL

28 Pompano Beach, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33062 Country USA

29 Zip 33062 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERMAN, FRED S.
1620 S. FEDERAL HWY., STE 401
POMPANO BEACH FL 33062

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1600 South Federal Highway, S#401

83

84 City Pompano Beach, FL 85 Zip Code 33062

11. 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

(If 10.11. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME KIRST, JOHN W.
STREET ADDRESS 800 E. MAIN STREET
CITY-ST-ZIP NORRISTOWN PA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME SILVERMAN, FRED
STREET ADDRESS 1620 S FEDERAL HWY #401
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1600 South Federal Highway, S#401
2.4 CITY-ST-ZIP Pompano Beach, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Silverman, VP

2/1/96

954-941-4622

Date

Daytime Phone

CR2E034 (12/95)