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Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90043 040 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P25077

1. Corporation Name  
ETC LEASING INC.

Principal Place of Business  
4650 62ND AVE. NORTH  
PINELLAS PARK FL 33781  
US

Mailing Address  
4650 62ND AVE. NORTH  
PINELLAS PARK FL 33781  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1989

4. FEI Number

59-2956067

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT. CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CHRISTEIN, D.K.

STREET ADDRESS 4650 62ND AVE N

CITY-ST-ZIP PINELLAS PARK FL

TITLE VD ☐ DELETE

NAME KREHBIEL, JOHN H.

STREET ADDRESS 2222 WELLINGTON CT.

CITY-ST-ZIP LISLE IL

TITLE S ☐ DELETE

NAME HECHT, LOUIS A.

STREET ADDRESS 2222 WELLINGTON CT.

CITY-ST-ZIP LISLE IL

TITLE T ☐ DELETE

NAME OTTO, WILLIAM G

STREET ADDRESS 4630 62ND AVE NO

CITY-ST-ZIP PINELLAS PARK FL

TITLE VD ☐ DELETE

NAME KREHBIEL, FREDERICK A.

STREET ADDRESS 2222 WELLINGTON CT.

CITY-ST-ZIP LISLE IL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM G OTTO TREASURER 2/16/99 (727) 521-2700

CR29034 (11/98)