

2395-15-854-C
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P39048

(4)

1. Corporation Name

SOUTHEAST LEASING SERVICES GROUP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 FEB -3 PM 1:20

Principal Place of Business

7270 N W 12TH STREET
SUITE 800
MIAMI FL 33126
US

Mailing Address

7270 NW 12TH ST
SUITE 800
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/01/1992

3a. Date of Last Report
01/27/1994

4. FEI Number
65-0341527

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 899 West Cypress Creek Rd.

2a. Mailing Address

26 899 West Cypress Creek Rd.

Suite, Apt. #, etc.

22 Suite 311

Suite, Apt. #, etc.

27 Suite 311

City & State

23 Fort Lauderdale, FL

City & State

28 Fort Lauderdale, FL

Zip

24 33309

Country

Zip

29 33309

Country

30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME BANGERTE, PHILLIP W.
STREET ADDRESS 7270 NW 12TH STREET, SUITE 800
CITY-ST-ZIP MIAMI-FL

TITLE D
NAME BAENA, DOUGLAS
STREET ADDRESS 7270 NW 12TH STREET, SUITE 800
CITY-ST-ZIP MIAMI-FL

TITLE D
NAME SHINKLE, BEVERLY
STREET ADDRESS 7270 NW 12TH STREET, SUITE 800
CITY-ST-ZIP MIAMI-FL

TITLE VP
NAME TIRADO, ALEXANDER
STREET ADDRESS 7270 NW 12TH STREET, SUITE 800
CITY-ST-ZIP MIAMI-FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 899 West Cypress Creek Rd., Suite 311
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 899 West Cypress Creek Rd., Suite 311
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 899 West Cypress Creek Rd., Suite 311
3.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 899 West Cypress Creek Rd., Suite 311
4.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

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

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

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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

PCOB President

1/31/95 (305) 492-7440

(Typed Name) EXP-23