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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 05 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P92000005196 (0)

1. Corporation MORA	NVILLE U.S.A. LEASING (	COMPANY	ויט				
Principal Place of Business Mailing Address					L HODDINGOL HIM CONTO DIDIT CONTO BUCKI BUCKI AND III	i noill dolst hill lisin	ibiti Bitt foot
2890 NW 69 AVE. MARGATE FL 33063 US		2890 NW 69 AVE. Margate FL 33063 US	MARGATE FL 33063		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 11/17/1992		
2. Principal Place of Business 2a. Mailing Address			<del></del>	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	TAL	plied For
26				65-0422952	<del>                                      </del>	t Applicable	
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27					5. Certificate of Status Desired	\$8.75 / Fee Re	
22         27           City & State         City & State					6. Election Campaign Financing		<del>`</del>
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country		Ζιρ	Country		8. This corporation owes or has paid the current year Intangible		
25 29 30  Name and Address of Current Registered Agent			30		Personal Property Tax due June 30.  10. Name and Address of New Regist		No
E	ORTAN, JACQUES	in ringistored Agent	8	1 Name	ID. Hanno and Address of How Hogist	leited Ageint	<del></del>
2890 NW 69 AVE.			8:	Street Addr	dress (P.O. Box Number is Not Acceptable)		
M		L		too (* .e. box (4amber 16 Mot Mesophable)			
			B:	3			
			8-	4 City		FL 85 Zip 0	Code
11. Pursuanta	o the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the abo	ve-named corp	poration submits this statement for the purp	ose of changing it	s registered
SIGNATURE	Signature, typed or practed name of registerest a	gest and tire if applicable (NC	Dig Registered A	TAC		DATE	
12.	OFFICERS A	RS AND DIRECTORS 1.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR Change	S IN 12
NAME	FORTAN, JACK					L Change	L. Addition
STREET ADDRESS	2890 NW 69 AVE.			T ADDRESS			
CITY-ST-ZIP	MARGATE FL			ST-ZIP			
TITLE		☐ DELÉTE 2		-		☐ Change	Addition
NAME Street address			2.2 NAME				
CITY-ST-ZIP	555		2.4 City	T ADDRESS			
TITLE			3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE			Change	☐ Addition
NAME	_ Detect		4.1 HILE			CT Cuange	☐ Kudillon
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	4.		4.4 CITY	ST-ZIP			
TITLE			5.1 TITLE	1		☐ Change	Addition
NAME OZDCOT LODDEGG			5.2 NAME				
STREET ADDRESS CITY-ST-ZIP			5.3 STREE 5.4 CITY	T ADDRESS			
TITLE			6.1 TITLE	31-21		Change	Addition
NAME			6.2 NAME			2	
STREET ADDRESS			6.3 STREE	T ADDRESS			

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 supplied 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 I changed, or on an attachment with an address.