**FILED** 

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000006932

<ol> <li>Corporation</li> </ol>	Name						
FDI LEASING, INC.							
					1881   1881	) <b>8 8</b> 1 1 1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b>	
Principal Place	of Business	Mailing Address					· · · · · · · · · · · · · · · · · · ·
SEAPOINT PH 1 SOUTH SEAPOINT PH 1 SOUTH							
10 SEAGATE DR. 10 SEAGATE DR.				DO NOT WRITE IN THIS SPACE			
NAPLES FL 34103-2419 NAPLES FL 34103 US US					3. Date Incorporated or Qualifed		
03		00			11/23/1992		}
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			65-0375217	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> Ad	ditional
22		27			5. Certificate of Status Desired	Fee Req	uired
City & State	City & State City & State				6. Election Campaign Financing	\$5.00 M	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Coun	itry	8. This corporation owes the current ye		٦
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	$\longrightarrow$	81 Name	10. Name and Address of New Regist	tered Agent	
FER	RIS, CARL W		[	o i Name			
SEAPOINT		[7	82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
	EAGATE DR.			83		.741.5	
NAPLES FL 34103			[	00			
			[	84 City		FL 85 Zip Co	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute				ove-named com	oration submits this statement for the purpo	ose of changing its re	enistered
office or re	egistered agent, or both, in the State of	of Florida. Such change was at	uthorized	by the corporation	on's board of directors. I hereby accept the	appointment as regi	istered
agent. I ai	n familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statul	tes.			1
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered #	Agent signature require	d when reinstating)	ATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	RS IN 12
TITLE	COBD	☐ DELETE	1.1 TIT.	E		Change	☐ Addition
NAME	FERRIS, CARL W.		1.2 NAM	Æ.		•	
STREET ADDRESS	REET ADDRESS 10 SEAGATE DRIVE, PH 1 SOUTH		1.3 STR	REET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103		1.4 CIT	Y-ST-ZIP			
TITLE	ST	☐ DELETE	2.1 TITL	.E		☐ Change	☐ Addition
NAME	FERRIS, CONSTANCE F	FERRIS, CONSTANCE F		Æ .			
STREET ADDRESS	STREET ADDRESS 10 SEAGATE DRIVE, PH 1 SOUTH			I			ļ
CITY-ST-ZIP	NAPLES FL 34103-2419	JTH	2.3 STR	REET ADDRESS			
TITLE				REET ADDRESS Y-ST-ZIP	·		
	VP	JTH □ DELETE		Y-ST-ZIP	<u> </u>	☐ Change	☐ Addition
NAME	DIMARZIO, AMY FERRIS	☐ DELETE	2. 4 CIT	Y-\$T-ZIP .E	<u> </u>	_ Change	☐ Addition
NAME STREET ADDRESS	DIMARZIO, AMY FERRIS 10 SEAGATE DRIVE, PH 1 SOL	☐ DELETE	2. 4 CIT 3.1 TITL 3.2 NAM	Y-\$T-ZIP .E	<u> </u>	_ Change	Addition
1	DIMARZIO, AMY FERRIS 10 SEAGATE DRIVE, PH 1 SOU NAPLES FL 34103-2419	☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT	Y-ST-ZIP E AE REET ADDRESS Y-ST-ZIP			
STREET ADDRESS	DIMARZIO, AMY FERRIS 10 SEAGATE DRIVE, PH 1 SOU NAPLES FL 34103-2419 PD	☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL	Y-ST-ZIP LE AE REET ADDRESS Y-ST-ZIP LE	·	☐ Change	Addition
STREET ADDRESS	DIMARZIO, AMY FERRIS 10 SEAGATE DRIVE, PH 1 SOUNAPLES FL 34103-2419 PD ALFORD, PAUL R	☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM	Y-ST-ZIP  AE  REET ADDRESS Y-ST-ZIP  E	· 22.12.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		
STREET ADDRESS CITY-ST-ZIP TITLE	DIMARZIO, AMY FERRIS 10 SEAGATE DRIVE, PH 1 SOUNAPLES FL 34103-2419 PD ALFORD, PAUL R 2900 14TH ST N #5	☐ DELETE	2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAM 4.3 STR	Y-ST-ZIP  E AE AE AEET ADDRESS Y-ST-ZIP  E ME AEET ADDRESS	·		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIMARZIO, AMY FERRIS 10 SEAGATE DRIVE, PH 1 SOUNAPLES FL 34103-2419 PD ALFORD, PAUL R	☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT	Y-ST-ZIP  EET ADDRESS Y-ST-ZIP  E  ME  ME  LEET ADDRESS  Y-ST-ZIP	<u> </u>	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DIMARZIO, AMY FERRIS 10 SEAGATE DRIVE, PH 1 SOUNAPLES FL 34103-2419 PD ALFORD, PAUL R 2900 14TH ST N #5	☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL	Y-ST-ZIP  AE  AE  EET ADDRESS Y-ST-ZIP  E  ME  ME  LEET ADDRESS Y-ST-ZIP  LEET ADDRESS Y-ST-ZIP  E	<u> </u>		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DIMARZIO, AMY FERRIS 10 SEAGATE DRIVE, PH 1 SOUNAPLES FL 34103-2419 PD ALFORD, PAUL R 2900 14TH ST N #5	☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM	Y-ST-ZIP  E A/E REET ADDRESS Y-ST-ZIP  E ME REET ADDRESS Y-ST-ZIP  E REET ADDRESS Y-ST-ZIP  E A/E	<u> </u>	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DIMARZIO, AMY FERRIS 10 SEAGATE DRIVE, PH 1 SOUNAPLES FL 34103-2419 PD ALFORD, PAUL R 2900 14TH ST N #5	☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITN 5.1 TITL 5.2 NAM 5.3 STR	Y-ST-ZIP  E AE REET ADDRESS Y-ST-ZIP  E ME REET ADDRESS Y-ST-ZIP  E REET ADDRESS AE REET ADDRESS	<u> </u>	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIMARZIO, AMY FERRIS 10 SEAGATE DRIVE, PH 1 SOUNAPLES FL 34103-2419 PD ALFORD, PAUL R 2900 14TH ST N #5	☐ DELETE  ☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT	Y-ST-ZIP  E AE EET ADDRESS Y-ST-ZIP  E ME LEET ADDRESS Y-ST-ZIP  E AE LEET ADDRESS Y-ST-ZIP  E AE AE V-ST-ZIP		☐ Change	☐ Addition
STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	DIMARZIO, AMY FERRIS 10 SEAGATE DRIVE, PH 1 SOUNAPLES FL 34103-2419 PD ALFORD, PAUL R 2900 14TH ST N #5	☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITN 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITN 6.1 TITL	Y-ST-ZIP  E AE REET ADDRESS Y-ST-ZIP  E ME REET ADDRESS Y-ST-ZIP  E AE REET ADDRESS Y-ST-ZIP  E REET ADDRESS Y-ST-ZIP  E REET ADDRESS Y-ST-ZIP	<u> </u>	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIMARZIO, AMY FERRIS 10 SEAGATE DRIVE, PH 1 SOUNAPLES FL 34103-2419 PD ALFORD, PAUL R 2900 14TH ST N #5	☐ DELETE  ☐ DELETE	2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAM	Y-ST-ZIP  E AE REET ADDRESS Y-ST-ZIP  E ME REET ADDRESS Y-ST-ZIP  E AE REET ADDRESS Y-ST-ZIP  E REET ADDRESS Y-ST-ZIP  E REET ADDRESS Y-ST-ZIP		☐ Change	☐ Addition

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 file receiver or trusted 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 or an attagrament with an agtress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZI₽