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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000013164

1. Corporation Name

PROFORMA LEASING, INC.

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90023 003 ***750.00



					# \[\] #\[\]	B BANNY BARY HABI		
Principal Place of Business Mailing Address								
1489 W. PALMETTO PARK ROAD 1489 W. PALMETTO PARK ROA				AD				
492 Boca Raton FL 33486		492 BOCA RATON FL 33486				DO NOT WRITE IN THIS SPACE		
5500 1000 5500 5500 5500 5500 5500 5500						3. Date Incorporated or Qualifed		
						12/18/1992		
Principal Place of Business 2a. Mailing Address							oplied For	
21	26					65-0377865 No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #			t, etc.			5. Certificate of Status Desired \$8.75	Additional	
22	27				5. Certificate of Status Desired Fee Re	equired		
City & State	/ & State City & State					6. Election Campaign Financing \$5.00	May Be	
23	28		_		Trust Fund Contribution Added	to Fees		
Zip	Country	Zip Coul		intry		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax. Yes	No	
<u> </u>	9. Name and Address of Currer	t Registered Agent		0.4		10. Name and Address of New Registered Agent		
COTT TO LIFT LA				81	Name		1	
GOTTLIEB, KENNETH A				82	Street Address (P.O. Box Number is Not Acceptable)			
125 N 46TH AVE								
HOLLYWOOD FL 33021				83			}	
				84	City	City 85 Zip Code		
007 0000 and 007 4500 Florida Chaldre should					FL FL Floring its registered			
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								
				l Ageni	t signature requir	ad when reinstating) DATE ADDITIONAL SULANGED TO DESIGNED AND DIRECTO	3DC IN 12	
12.			13.	71 5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Made ition	
TITLE	<i>D</i> 01			AME				
NAME	- CEIVEIN, MICEEU				ADDOCOC		_ }	
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NAME					4000E00		1	
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NAME					ADORESS		1	
STREET ADDRESS							l	
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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 AND TYPED OR PRINTED NAME OF SIGNAMOREAGER OR DIRECTOR
Angelo Oliveri, President

4/1/99

561-750-4477