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

Mailing Address

3250 NW 23 AVE

SUITE 0-100

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

3250 NW 23 AVE

SUITE 0-100



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

954.968.1900

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000014228 (0)

DON L. LEASING GROUP CM, INC.

FOMPAINO BEACH PE 35003				FOMPHIO DENOTITE SSUSFICE				1						
								3. Date Incorporated or Qualified 3a. Date of Last Report 02/26/1996						
9 Principal C	Maco of Busines	ner	1 30	Mail no Addroce			·			ULI				
2. Principal Place of Business				2a. Mailing Address				4.	AE AATHAAA			ot App		
Surte, Apt. #, etc				Suite, Apt. #, etc.				1			\$8.75			
22				27				5. Certificate of Status Desired Fee Required						
City & State				City & State				6.	Election Campaign Financing		\$5.00) May f	Be	
23			28	28					Trust Fund Contribution			to Fee		
Zip		Country		Zip	Country			8. This corporation has liability for intangible tax under s. 199.032,						
24	25		30			Florida Statutes Yes No								
g. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent					
)yd, maxwel				8.	1	Name							
3250 NW 23RD AVENUE				ľ			12 Street Address (P.O. Box Number is Not Acceptable)							
POMPANO BEACH FL 33069										,				
					8:	3		••••				***************************************		
				84 C			City	85 Zip Code						
L										FL	. OS Z-P	0000		
11. Pursuant	to the provision	ns of Sections 607.05	502 and 60	7.1508 Florida Statut	tes, the abor	VO-	-named corpo	oration	n submits this statement for the oard of directors. I hereby acce	purpose o	f changing	its regis	stered	
agent La	am familiar with,	and accept the obli	gations of,	Section 607.0505, FI	orida Statute	⊋y es.	ine corporatio	טווט ט	oard of directors. Frieredy acce	bt me abt	Johnnen a	s registi	erea	
SIGNATURE														
L	5 g Ston, typed or	provotnia je objegarenod a	gent and title (applicable (NO)	TE: Registered A	gen	nt signature required	d when	reinstating)	DATE				
12.		OFFICERS A	ND DIREC	TORS	13.			Α	DDITIONS/CHANGES TO OFF	CERS ANI	DIRECTO	RS IN 1	12	
TOTE	PTO			☐ DELETE	1.1 TITLE						Change		Addition	
NAME	COHEN, ST	rephen		1.2 N			1							
STREET ADDRESS 3250 NW 23 AVE., #0-100					1.3 STREET ADDRESS									
CITY - ST - ZIP POMPANO BEACH FL					1.4 CITY-ST-ZIP									
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NAME	LLOYD, MA	XWFII					2 2 NAME					-		
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DOMESTIC DESCRIPTION							2.3 STREET ADDRESS							
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NAME					4. 2 NAM	E								
STREET ADDRESS					4.3 STREI	ET A	ADDRESS							
CITY - S1 - ZIP					4.4 CITY -	-51	I - ZIP							
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NAME					5.2 NAME	=								
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NAME	Į				6.2 NAME	-								
STREET ADDRESS					6.3 STREE	ET A	ADDRESS		•					
CITY - ST - ZIP	<u> </u>				6.4 CITY									
14. I do here	by certify that the	he information supplied	ed with thi	s filing does not qual	ity for the ex	(en	notion stated	in Sec	ction 119.07(3)(i), Florida Statut gnature shall have the same leg quired by Chapter 607, Florida	es. I furthe	r certify tha	t the	ith: that	
Lam an c	officer or directo	or of the corporation	or two wes	iver or trustee empor	wered to exe	ou!	ute this report	as re	quired by Chapter 607, Florida	Statutes:	and that my	name	art, strett	
appears	in Block 12 or E	Block 13 d Sta lfg#g#g#	or#i Ari d	tachment with an ad-	dress.		,							