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 # P9300001094

SUNBELT LEASING & MANAGEMENT SERVICES, INC.

Principal Place	e of Business	Mailing Address			(California I I I I I I I I I I I I I I I I I I I	
111 N ORLANDO	O AVE	111 N ORLANDO AVE				
WINTER PARK FL 32789		WINTER PARK FL 32789			DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualifed	
}					01/01/1993	- 1
a Britania al Bi	land of Business	2a, Mailing Address			4. FEI Number Applied For	
2. Principal Place of Business		<u> </u>	¬		59-3216888 Not Applicab	ole
Suite Apt # etc		Suite, Apt. #, etc.	Suite Ant # etc		\$8.75 Additional	-
Suite, Apt. #, etc.		27)			5. Certificate of Status Desired Fee Required	
City & State	<u> </u>	City & State		-	6. Election Campaign Financing \$5.00 May Be	\neg
23		28			Trust Fund Contribution Added to Fees	1
Zip	Country	Zip	Cou	itry	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. Yes No]
	9. Name and Address of Currer				10. Name and Address of New Registered Agent	
				81 Name	е	1
	Wart, J. Darin			82 Stree	dress (P.O. Box Number is Not Acceptable)	
111	NORTH ORLANDO AVENUE		02		at Address (1.0. Dox Hallison to Hack to septiable)	
WINT	TER PARK FL 32789			83		ļ
ĺ				84 City	85 Zip Code	\dashv
i				,	FL T T T T T T T T T	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the al	ove-name	d corporation submits this statement for the purpose of changing its registered	d
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607,0505, Fl	autnonzed orida Stati	by the cor tes.	rporation's board of directors. I hereby accept the appointment as registered	ł
) agonti i a	in tanima that, and accept are cong-					
CICNIATURE						į
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOT	E Registered	Agent signature	e required when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	E Registered	Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
					o radiate interpretation	
12.	OFFICERS AN C BLAIR, MARDIAN J	ND DIRECTORS	13.	£	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	OFFICERS AN C BLAIR, MARDIAN J 111 N. ORLANDO AVENUE	ND DIRECTORS	13. 1.1 TII 1.2 N/	£	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE NAME	OFFICERS AN C BLAIR, MARDIAN J	ND DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST 14 CF	.£ WE REET ADDRES Y-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additions	ition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Mark Block, Asst. Secretary

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

407-975-1413

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90054 020 ***150.00