

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90022 046 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000003362

1. Corporation Name

AMERICAN FIRST EQUIPMENT LEASING, INC.

Principal Place of Business

32111 US HWY 19 N  
205  
PALM HARBOR FL 34684  
US

Mailing Address

35111 US HWY 19 N  
205  
PALM HARBOR FL 34684  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1993

4. FEI Number

74-2775578

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SALMON, DAVID E.  
35111 US HWY 19 N #205  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

Edwin B. SALMON Jr

82 Street Address (P.O. Box Number is Not Acceptable)

112 Homeport DR

83

84 City

Palm Harbor

FL

85 Zip Code

34683

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 Edwin B. SALMON Jr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | SALMON, DAVID E.      |  |
| STREET ADDRESS | 3511 US HWY 19 N #205 |  |
| CITY-ST-ZIP    | PALM HARBOR FL 34684  |  |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |  |
|--------------------|----------------------|--|
| 1.1 TITLE          | P.D                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | VERONICA TULLY       |  |
| 1.3 STREET ADDRESS | 112 HOMEPORT DR      |  |
| 1.4 CITY-ST-ZIP    | PALM HARBOR FL 34683 |  |
| 2.1 TITLE          | S-T-D                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Edwin B. SALMON Jr   |  |
| 2.3 STREET ADDRESS | 112 HOMEPORT DR      |  |
| 2.4 CITY-ST-ZIP    | PALM HARBOR FL 34683 |  |
| 3.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                      |  |
| 3.3 STREET ADDRESS |                      |  |
| 3.4 CITY-ST-ZIP    |                      |  |
| 4.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                      |  |
| 4.3 STREET ADDRESS |                      |  |
| 4.4 CITY-ST-ZIP    |                      |  |
| 5.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                      |  |
| 5.3 STREET ADDRESS |                      |  |
| 5.4 CITY-ST-ZIP    |                      |  |
| 6.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                      |  |
| 6.3 STREET ADDRESS |                      |  |
| 6.4 CITY-ST-ZIP    |                      |  |

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: Edwin B. SALMON Jr Dir. 4-27-99 727-772-0231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)