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May 05, 1999 8:00 am  
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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.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
01/11/1993

4. FEI Number  
74-2775578

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

21. Principal Place of Business  
112 Homeport DR  
Suite, Apt. #, etc.

2a. Mailing Address  
112 Homeport DR  
Suite, Apt. #, etc.

22. City & State  
Palm Harbor Florida

27. City & State  
Palm Harbor Florida

23. Zip Country  
34683 USA

28. Zip Country  
34683 USA

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 DR  
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 DR Edwin B. Salmon 4-27-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: PD SALMON, DAVID E., 35111 US HWY 19 N #205, PALM HARBOR FL 34684. Includes 'DELETE' checkbox.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Row 1: P-D VERONICA TULLY, 112 HOMEPORT DR, PALM HARBOR FL 34683. Includes 'Change' and 'Addition' checkboxes.

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 DR, 4-27-99 727-772-0231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)