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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000030116 (6)

1. Corporation Name
PRUDENTIAL OF FLORIDA LEASING, INC.

Principal Place of Business
19593-H N.E. 10TH AVENUE
NORTH MIAMI BEACH FL 33179

Mailing Address
19593-H N.E. 10TH AVENUE
NORTH MIAMI BEACH FL 33179-3577



3. Date Incorporated or Qualified
03/31/1993
3a. Date of Last Report
05/01/1996

4. FEI Number
65-0414607
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 11414 North Bayshore Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 11414 North Bayshore Drive
Suite, Apt. #, etc.

22 City & State
23 North Miami FL

27 City & State
28 North Miami FL

24 Zip 33691 Country USA

29 Zip 33691 Country USA

9. Name and Address of Current Registered Agent

NEW, ROBERT
19593-H N.E. 10TH AVENUE
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name New, Robert
82 Street Address (P.O. Box Number is Not Acceptable)
11414 North Bayshore Drive
83
84 City North Miami FL 85 Zip Code 33691

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

(Signature of registered agent, officer or director, or both, is required when re-registering)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	NEW, ROBERT	
STREET ADDRESS	19593-H N.E. 10TH AVENUE	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179	
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

11 TITLE	DPST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	New, Robert	
13 STREET ADDRESS	11414 North Bayshore Drive	
14 CITY - ST - ZIP	North Miami FL 33691	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do 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 in an attachment with an address.

SIGNATURE:

Robert New

1/10/97 35891-4640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)