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 # **P93000036571**

1. Corporation Name

LRM LEASING COMPANY, INC.

Principal Place of Business	Mailing Address
100 WEST CYPRESS CREEK ROAD SUITE 975 FT LAUDERDALE FL 33309 US	100 WEST CYPRESS CREEK ROAD SUITE 975 FT. LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/11/1993

4. FEI Number
65-0412356

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2101 N. Andrews Avenue	26 2101 N. Andrews Avenue
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27 Suite 101
City & State 23 Wilton Manors, FL	City & State 28 Wilton Manors, FL
Zip 24 33311 Country 25 USA	Zip 29 33311 Country 30 USA

5. Certifcate 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

BRAUSER, LEON
100 WEST CYPRESS CREEK ROAD
SUITE 975
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name Brauser, Leon
82 Street Address (P.O. Box Number is Not Acceptable) 2101 N. Andrews Avenue
83 Suite 101
84 City Wilton Manors FL 85 Zip Code 33311

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition	
NAME	BRAUSER, LEON	1.2 NAME		
STREET ADDRESS	100 W CYPRESS CREEK RD, SUITE 975	1.3 STREET ADDRESS	See address in Box 2	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition	
NAME	BRAUSER, MICHAEL	2.2 NAME		
STREET ADDRESS	100 W CYPRESS CREEK RD, SUITE 975	2.3 STREET ADDRESS	See address in Box 2	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	D ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition	
NAME	BRAUSER, ROBERT	3.2 NAME		
STREET ADDRESS	100 W CYPRESS CREEK RD, SUITE 975	3.3 STREET ADDRESS	See address in Box 2	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	D ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition	
NAME	BRAUSER, JOEL	4.2 NAME		
STREET ADDRESS	100 W CYPRESS CREEK RD, SUITE 975	4.3 STREET ADDRESS	See address in Box 2	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (11/98)