

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90083 035 ***150.00

DOCUMENT # P93000040293

1. Corporation Name
FUNTIME LEASING, INC.

Principal Place of Business
**4845 LAKE VALENCIA BLVD E
PALM HARBOR FL 34684**

Mailing Address
**4845 LAKE VALENCIA BLVD E
PALM HARBOR FL 34684**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1993

4. FEI Number

59-3187374

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

2. Principal Place of Business

2a. Mailing Address

21 **190 Ocean Key Way**

26 **190 Ocean Key Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Jupiter FL**

28 **Jupiter FL**

24 Zip **33413** 25 Country **USA**

29 Zip **33477** 30 Country **USA**

9. Name and Address of Current Registered Agent

**JOHNSON, BRIAN
7190 SEMINOLE BLVD.
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE

NAME **LUEHRS, JAMES**
STREET ADDRESS **4845 LAKE VALENCIA BLVD., E.**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **P** ☐ DELETE

NAME **LUEHRS, CATHERINE L**
STREET ADDRESS **4845 LAKE VALENCIA BLVD., E.**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **190 Ocean Key Way**
1.3 STREET ADDRESS **Jupiter FL**
1.4 CITY-ST-ZIP **33477**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **190 Ocean Key Way**
2.3 STREET ADDRESS **Jupiter FL**
2.4 CITY-ST-ZIP **33477**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Catherine Luehrs** **Catherine Luehrs**

4-23-99

Date

Daytime Phone #

CR2E034 (1/98)