

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000070880 (8)

1. Corporation Name
SBA LEASING, INC.

FILED

03 APR 21 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**6001 BROKEN SOUND BLVD.
SUITE 400
BOCA RATON FL 33487**

**6001 BROKEN SOUND BLVD.
SUITE 400
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 One Town Center Road	26 One Town Center Road		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 3rd Floor	27 3rd Floor		
City & State	City & State		
23 Boca Raton, Florida	28 Boca Raton, Florida		
Zip	Zip	Country	Country
24 33486	29 33486	25 USA	30 USA

3. Date Incorporated or Qualified	
10/12/1993	
4. FEI Number	Applied For
65-0444550	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BERNSTEIN, STEVEN E	1.2 NAME	BERNSTEIN, STEVEN E
STREET ADDRESS	6001 BROKEN SOUND PKWY, SUITE 400	1.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	EVP	2.1 TITLE	EVP
NAME	BIZICK, RONALD G	2.2 NAME	BIZICK, RONALD G
STREET ADDRESS	6001 BROKEN SOUND PKWY., SUITE 400	2.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	VSD	3.1 TITLE	VSD
NAME	GROBSTEIN, ROBERT M	3.2 NAME	GROBSTEIN, ROBERT M
STREET ADDRESS	6001 BROKEN SOUND PKWY., SUITE 400	3.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	VPS	4.1 TITLE	VPS
NAME	STOOPS, JEFFREY A	4.2 NAME	STOOPS, JEFFREY A
STREET ADDRESS	6001 BROKEN SOUND PKWY., SUITE 400	4.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

CR2E034 (10/97)