

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 25 1996 8:00 am

Secretary of State

DOCUMENT # P93000087609 (2)

1. Corporation Name

BAMRAH LEASING, INC.

Principal Place of Business

4710 EISENHOWER BLVD.
SUITE C-8
TAMPA FL 33634

Mailing Address

4710 EISENHOWER BLVD
SUITE C-8
TAMPA FL 33634
US



2. Principal Place of Business

21 4025 TAMPA RD

Suite, Apt. #, etc.

22 SUITE 1107-A

City & State

23 OLDSMAR, FL

Zip

24 34677

Country

25 USA

2a. Mailing Address

26 P.O. BOX 6129

Suite, Apt. #, etc.

27

City & State

28 PALM HARBOR, FL

Zip

29 34684

Country

30 USA

3. Date Incorporated or Qualified

12/22/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3217149

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

9. Name and Address of Current Registered Agent

KADOW, JOSEPH K
550 NORTH REO STREET, STE 200
SUITE 2300
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

BRIAN A. McDONALD

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

4025 TAMPA RD

83

SUITE 1107-A

84 City

OLDSMAR

FL

85 Zip Code

34677

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

BRIAN A. McDONALD

4-10-96

Signature typed or printed name of registered agent and new registered agent

(NOTE: Registered Agent signature required for change of address only)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
McDONALD, BRIAN A
2624 2ND CT.
PALM HARBOR FL 34684

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]

BRIAN A. McDONALD

4-10-96

813-854-1448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)