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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400008067 (8)

LEASE INVESTMENT CORPORATION

FILED May 06 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address					1 (BB) an (IR (B)) Albit seitt bätti but	1 8 9 1 1 7 8 9 1 8 1 4 8	III WWIIW WEILE	1001 1001
8641 BAYPINE JACKSONVILLE		8641 BAYPINE ROAD. S JACKSONVILLE FL 3225						
					3. Date Incorporated or Qualified 02/01/1994		of Last Rep 1/1996	port
2. Principal Pl	ace of Business	2a. Mailing Address		·	4. FEI Number	·L	Арр	lied For
21		26			59-3222083		Not	Applicable
Sulte, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Ad Fee Req	
City & State	3 State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	, Zip	Count	ſy	8. This corporation has liability for i			199.032,
24	25 29		30		Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
	'es, keith M		8	1 Name				
	1 BAYPINE ROAD, STE. 7		8:	2 Street Add	lress (P.O. Box Number is Not Acceptab	le)		
JAU	KSONVILLE FL 32256		8:			***************************************	<u>-</u>	
•			6,	3				
			8-			PL	85 Zip Co	
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State in tamiliar with, and accept the obliga	2 and 607.1508, Florida Stati of Florida. Such change was ations of, Section 607.0505, F	utes, the abo authorized to Torida Statute	ve-named corp by the corpora es.	poration submits this statement for the p ition's board of directors. I hereby accep	urpose of cl of the appoir	nanging its niment as re	registered egistered
SIGNATURE								
12.	Signature, typed or printed name of registered agen OFFICERS AND		H: Thegistered A	gent signature requi	ired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND D	BECTORS	IN 12
TITLE	OF ICEAS AND	DELETE	1.1 101.6		ADDITIONS/OTTAINGES TO OTT IC			Addition
NAME	SMITH, SIDNEY	LLI Detere	1.2 NAME				a onango	[]
STREET ADDRESS	12581 DEEDER LANE			1 ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32258		1.4 C(1Y - S1 - ZI)					
TITLE	VST DELETE		2,1 1111,6	51 211			Change	Addition
NAME	SMITH, KIMBERLY		2.2 NAME				_	
STREET ADORESS	12581 DEEDER LANE		2.3 \$1H.[LT ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32258		2 4 CDY	-\$1-7IP				
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NAME			3.2 NAME					
STREET ADDRESS			3.3 ISTRE	1 ADDRESS				1
CITY-ST-ZIP			3.4 CITY	- S1 - ZIP				
TITLE		☐ DELETE	4.1 \$11 LE			T] Change	Addition
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CITY-ST-ZIP			4.4 Dri Y					—
TITLE		☐ DELETE	5.1 101 (L] Change	L Addition
NAME			5.2 NAME					
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TITLE		DELETE	6 1 THLE			i_	J Change	Addition
NAME			6.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	actification in the second	d with this Olive stone and area	6.4 CITY		d in Contine 110 07/97/1 Fuerida Contra	1 f. 1911	ortific at me as	
i i 🕶 i i do nereb	ov ceruty that the information supplied	o wiiri tais tiiing (1008 not qua	anv tor the ex	empaon state	d in Section 119.07(3)(i), Florida Statutes	s. I turther o	cruiy that th	IC

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.