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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

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CITY-ST-ZIP

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28555 STATE RD. 54 WEST

WESLEY CHAPEL FL 33543



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	LEASING CORPORATION	J14828					
Principal Place of Business Mailing Address							
28555 STATE RD. 54 WEST WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543					DO NOT WRITE IN TI	HIS SPACE	
					3. Date Incorporated or Qualifed		
		Ta Back- Address			02/21/1994 4. FEI Number	Applied For	
_	Place of Business	2a. Mailing Address			65-0465639	Not Applicable	
21 Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.	1 -		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Star	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 30	Country	/	This corporation owes the current year Personal Property Tax.	r Intangible □ Yes □ □No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANK, JOSEPH E ESO 205 S. DALE MABRY TAMPA FL 33609			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
•			84	City	F	EL 85 Zip Code	
office or I	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was auth	orized DV	the coroo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature re	equired when reinstating) DATE		
12.			13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	HOPKINS, DWIGHT		1.2 NAME				
STREET ADDRESS	(1.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	WESLEY CHAPEL FL 33543		1.4 CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE	1		☐ Change ☐ Addition	
NAME	ARNEY, RUSSELL		2.2 NAME	ľ			

DELETE

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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.

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TETLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURÉ

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90090 008 ***150.00

(11/98)CR2E034

Addition

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