

• FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 •

CORPORATION
ANNUAL REPORT
199 5



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
NRM LEASING, INC.

DOCUMENT #

P94000031827

Mailing Address

Principal Place of Business

3400 FOX CROFT ROAD
SUITE 106
MIRAMAR, FL 33025

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address

2a. Principal Place of Business

21 Same as above

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

3a. Date of Last Report

4/25/94

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

\$8.75

6. Election Campaign
Financing Trust
Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit Exempt from \$138.75
Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHANE CRUMP
150 N.E. 40TH STREET, APT. 105
OAKLAND PARK, FLORIDA 33324

81 Name

SHANE CRUMP

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

3400 FOX CROFT ROAD, # 106

83

84 City

Miramar

85 Zip Code

FL 33025

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

2/15/95

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

President

12 NAME

Chris Barnett

13 STREET ADDRESS

3400 Fox Croft Road, # 106, Miramar

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/95

(305) 789-3229