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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

SIGNATURE:

P94000040602 (2)

RMT LEASING, INC.

71777						
Pricopal Place of Business Muking Address					I JURIJURI I JU IBHI DIREF RASIL ODI	is Baile Baile deals abile Dille Baile 1181 (AB)
3816 NORTHLAKE BLVD 		8220 S VIRGINIA AVE	% rachel Thauberger 8220 S Virginia ave Palm Beach Gardens fl 33418			
					3. Date Incorporated or Qualified 05/26/1994	3a. Date of Last Report 02/14/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite, Anti-	P. oto	Suite Apt. #, etc			65-0491192	Not Applicable
22		27 Scale Apr. #, etc.	<u>† 1</u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State	·····	City & State			6. Election Campaign Financing	\$5.00 May Be
23] <i>Z</i> (j)	Country	[28] Zipi	Country		Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25	29	30			s No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered Agent
			81	Name		
	RGER, RACHEL /IRGINIA AVE		82	82 Street Address (P.O. Box Number is Not Acceptable)		able)
	EACH GARDENS FL 33418		83			
			84	City		85 Zip Code
			04	City		FL 85 Zip Code
or register	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	rida. Such change was author	ized by the com	named corpo oration's boa	ration submits this statement for the p and of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
S'GNATURE .						
	Stijoature Tysed orsenhot harris of repeleare age CALLICS DO A	ata offeraçasio	Luft: Registered Agen	Usignature reigens		FICERS AND DIRECTORS IN 12
_12. _Ti`tE	DPS	[] DELFTE	1 1 T T LE	T	ADDITIONS/CHANGES TO OF	Change Addition
NAMÉ	THAUBERGER, RACHEL	_	1.2 NAME			
STREET ADDRESS 8220 S VIRGINIA AVE			1.3 SPREET ADDRESS			
CON-SI-709 PALM BEACH GARDENS FL 33418			1.4 Crty+ST-ZIP			
TIFLE	DVT [] DEFIE		2 1 THE		The second confidence of the second confidence	Change Addition
N4Ms	8220 S VIRGINIA AVE PALM BEACH GARDENS FL 33418		2.2 NAME			
STREET ACORESS			2.3 STREET	ADDRESS		
City St. Zar			2 4 Cily - S	1 - ZIP		
T I į F	Defete		3 1 THEE			Change Addition
NAME			3.2 NAME			
STREET ADORESS			3.3 STREE	LADORESS		
C [1-51-7]		A	3.4 Ciliy - 9	A - ZIF		
T.TLF		☐ DELETE	4 1 1/11/			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET			
Clr-SL7P			44C(TY+5	T - 716°		Change D Addison
T-14F		☐ DELETE	5 1 7111.6			☐ Change ☐ Addition
NAM: expect vocaces			5.2 NAME	100000		
STREET ADORESS			5.3 STREET			
CHTY-ST ZP THE		DELETE	5.4 O(FY - S 6.1 T(FLE	1 - ZIP		Change Addition
NW:		L.J bereit	€ 2 NAME			Change [1 430 flot)
STREET ADDRESS			6.3 STREET	AFFTERSS		
			6.4 CiTY-S			
	L		■ C + C 1 - C	. 4"		

14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not guilly for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this armual 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 13 if changed or on an attrachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 (407)626-5720