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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400062068 (9)

DAY SAIL LEASING COMPANY

P.O. BOX 21592 P.O. BOX 21592 FORT LAUDERDALE FL 33335 FORT LAUDERDALE FL 33335 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/23/1994 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-0515185 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Reguired 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHRISTOPHER WALDERA -1923 OE SRD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33314 83 Zip Code 64 LAUDERDALE 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 obligations of, Section 607 0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition PD DELETE [] Change 1.1 TITLE TITLE GEDDES, LILA M 1.2 NAME NAME 2228 DRAKESTONE 1.3 STREET ADDRESS STREET ADDRESS COLORADO SPRINGS CO 80909 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE WALDERA, CHRISTOPHER B 22 NAME NAME 1225 SE 2ND AVENUE STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ■ Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE **5.1 TITLE** TITLE **5.2 NAME** NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not quality 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.

ala el alue

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FILED

Apr 22 1998 8:00am

Secretary of State