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Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000063350 (0)**

1. Corporation Name

UNINSURED TWIN BONANZA LEASING CORP.

Principal Place of Business

Mailing Address

**28730 SW 217 AVE
HOMESTEAD FL 33030
US**

**28730 SW 217 AVE
HOMESTEAD FL 33030
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1994

2. Principal Place of Business		2a. Mailing Address		FEI Number		Applied For	
21 220 N.E. 18th Street		26 300 Sevilla Avenue		65-0517608		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27 Suite 305		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 Homestead, FL		28 Coral Gables, FL					
Zip	Country	Zip	Country				
24 33030	25 USA	29 33134	30 USA				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANNING, THOMAS D
28730 SW 217 AVE
HOMESTEAD FL 33030**

81 Name	Robert L. Feldman, Esquire		
82 Street Address (P.O. Box Number is Not Acceptable)	300 Sevilla Avenue		
83	Suite 305		
84 City	Coral Gables	85 Zip Code	FL 33134

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

Robert L. Feldman

Robert L. Feldman, Esq.

4/6/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PSTD
NAME	MANNING, THOMAS D	1.2 NAME	MANNING, SUSANNE
STREET ADDRESS	28730 SW 217 AVE	1.3 STREET ADDRESS	220 N.E. 18th Street
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

S. Manning

Susanne Manning 4/6/98 305 - 443-0732

CR2E034 (10/97)