PROFIT CORPORATION ANNUAL REPOR 1999	т 💮	OR DIV
DOCUMENT # 1. Corporation Name SSS LEASING, INC.	P9400006540	3

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS 9911126 Pt 3:25

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Principal Place of Business	Mailing Address	n salt brant mer soner detres derre derre derre derre derre	BEIM) Arrist Al Bet Back of (1) cal
2461 ROLAG ROAD JACKSONVILLE FL 32207	2461 ROLAC ROAD JACKSONVILLE FL 32207	DO NOT WRITE IN THIS	RDACE
		3. Date Incorporated or Qualified	ST NOL
		08/31/1994	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<u>n[</u>	[26]		Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zio	7m Country	A 7112	75.4

29 24 Personal Property Tax. 10. Name and Address of New Registered Agent SHIELDS, PAUL J 2461 ROLAC ROAD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 85 Zip Code

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.

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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 is true and accurate and that my signature shall have the same legal affect as if made under ceth; that I am an officer or director of the proposation or life tecewer occurate, and that my sometimes are quited by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for or sign attachment with an address. If the ampowered.