FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MEN I # P94000 LEASING, INC.	0069019 (5)				
Principal Plac	e of Business	Malling Address			-	## 1940 # 1941 10414 ## 404# 1 1010 1941 ### 1
448 KNOLLWOOD RD. 448 KNOLLWOOD RD.						
TARPON SPRINGS FL 34689		TARPON SPRINGS FL 34689			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	N THIS SPACE
					09/20/1994	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3276958	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	i	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	de	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ(ρ 24	Country 25	Ζφ 29	Country 30		8. This corporation owes or has paid Personal Property Tax due June 3	
	9, Name and Address of Current		1301		10. Name and Address of New Regi	
НА	ASE, RICHARD	-	81 Nam	ne		
448 KNOLLWOOD RD.			82 Stree	et Addres	ss (P.O. Box Number is Not Acceptable	2}
TAI	RPON SPRINGS FL 34689		83			
]			84 City			FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obliga	and 607.1508, Florida Statut of Florida Such change was a lions of Section 607.0505, Flo	es, the above-name authorized by the co orida Statutes	ed corpo orporatio	ration submits this statement for the pul in's board of directors. I hereby accept	- - ; ,
SIGNATURE	Signature typed or printed name of registered agen		£ Registered Agont signati	lure required	d when reinstalino)	DA1(
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	HAASE, RICHARD		1.2 NAME			
STREET ADDRESS	448 KNOLLWOOD RD.		1.3 STREET ADDRESS	iS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689	The section	1.4 CITY-S1-ZIP			Entre Control
TITLE		DELFTE	2.1 THILE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	S		
CHY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	 		Change Addition
NAME		Ottile	3.2 NAME			C change C Auditori
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - S1 - ZIP	°		
TITLE		DELETE	41 Title			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	s		
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	s		
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TRILE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	s		

14. Thereby 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.

FILED

Jan 16 1998 8:00am

Secretary of State