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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000070489 (7)

HERE TODAY LEASING CORPORATION

Principal Place of Business Mailing Address

6680 S.E. HARBOR CIRCLE 6680 S.E. HARBOR CIRCLE STUART FL 34996 STUART FL 34996



OTOANI TE	- 9-350		STUART FL 34996				1			
							3. Date Incorporated or Qualified 09/22/1994	3a. Date	of Last 14/20/1	
	lace of Business		Mailing Address				4. FEI Number	1		Applied For
21		26					65-0521983			Not Applicable
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	×		5 Additional Required
City & Stat	e		City & State				6. Election Campaign Financing			00 May Be
23		28					Trust Fund Contribution			ed to Fees
Zip	Country	L.,	Zip	[c	ountry	у	8. This corporation has liability for	ntangible ta		
24	25	29		30				□No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Curren	t Regis	stered Agent				10. Name and Address of New R	egistered	Agent	
					81	Namo				
TEWKSBURY, BAIRD					82	Street Addr	ress (P.O. Box Number is Not Acceptab	io)		
6680 S			-	C. CO. T. Laur	1000 (F.O. BOX HOMBOT IS 1401 ACCOUNTS	10)				
STUAR	T FL 34996				83					
					84					
					1	1 7		Fi	1 ł	čip Code
11. Pursuant	to the provisions of Sections 607,0502	and 60	7.1508, Florida Statute	s, the at	ove-	named corpor	ration submits this statement for the pur	oose of cha	noina its	registered office
	ed agent, or both, in the State of Floric th, and accept the obligations of, Secti				corp	oration's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	ointment as	registere	d agent. I am
SIGNATURE										
12.	Signature, typind or pointed name of registered agent. OFFICERS ANI					rit signature required		DATE		
THUE	OFFICERS AND	JUREC	DELETE	13.			ADDITIONS/CHANGES TO OFFI			
NAME	TEWKSBURY, BAIRD		☐ DEELIE		TITLE				Change	Addition
	6680 S.E. HARBOR CIRCLE				NAME					
STREET ADDRESS	STUART FL 34996			13:	STREFT	ADDRESS				
CON-ST-ZIP TIME	D		F7 or er			ST - ZIP				
	TEWKSBURY, GERALDINE		DELETE	2 1	TITLE			[] Change	☐ Addition
NAME	6680 S.E. HARBOR CIRCLE			221	NAME					
STHEET ADDRESS	STUART FL 34996			233	STREET	ADDRESS				
Clay-St Zip	31UMNI FL 34996					ST-ZIP				
JULE			DELETE	3 1	TITLE				Change	☐ Addition
NAME				321	IAME					
STREET ADDRESS				3 3.	STHEF	T ADDRESS				
City - St - ZiP						ST - ZIP				
TITLE			□ DELETE	4 1	TITLE				Change	☐ Addition
NAME				4.21	IAME					
STEEL ADDRESS				4.3 5	TREET	ADDRESS				
CHY-ST-ZIP				4.4 (ITY-S	I-ZIP				
TIRE			DELETE	5.1	TITLE				Change	Addition
NAME				5.2 N	AME					
STREET ADDRESS				538	TREET	ADDRESS				
City-St ZiP				540	HTY-S	.T - ZIP				İ
THEF	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	6.1				Г) Change	☐ Addition
NAME				62 N	IAME	1		b		lanced
STREET ADDRESS				6.3 \$	TREET	ADDRESS				
CiTy - \$1 - 2iF					IIY-S					
14. I do hereb	certify that the information supplied w	etin this	filina je valuntarily furnic	bod and	door		with a constitution at a table in Co. 1			

1. Full hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 mirraddress.

SIGNATURE

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3/96

401-225-2858