## 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

DOCUMENT # P95000000713 (4)

A.C.U. LEASING CORP.

**FILED** Mar 19 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address							20:1: 20:1: <b>2</b> 2:		9 4 6 1 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
540 WEST 63RD STREET 540 WEST 63RD STREET			ľ						
HIALEAH FL	33014	HIALEAH FL 33014	HIALEAH FL 33014			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						01/04/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	plied For
21		26				65-0544235		ightarrow	ot Applicable
Suite, Apt.	W, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75	Additional
22		27				V 1		Fee Re	
City & State	•	ha '	City & State			6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	<b>—</b>	ility		This corporation owes or has pa Personal Property Tax due June			No I
24	25 g. Name and Address of Current	Registered Agent	30			10. Name and Address of New Re			3,10
		Tiegisteres rigerii		81 Nar	ne	10.			
	REN, SIDNEY M					10.0 D. M. M. A.	u a N		
	) West 83RD Street Neah Fl 33014		82 Street Add			ess (P.O. Box Number is Not Acceptab	116)		- 1
יורו	LEAN FL 33014		ł	63					
			}	84 City	,		8	5 Zip	Code
				'			PL		
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	Signature, typod or printed name of registered agen	and tale disprisable (NOT	E Registered	Agent sign	ature require	ed when reinstating)	DATE.		<sub>1</sub>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 TO	TLE.				Change	Addition
NAME	DIFFENDERFER, CHESTER L	JR	1.2 NA	ME					];
STREET ADDRESS	540 WEST 83RD STREET		1.3 ST	REET ADDRE	SS				11
CITY-ST-ZIP	HIALEAH FL 33014			TY-ST-ZIP					
TITLE	D	☐ DELETE	2.1 111				L	Change	Addition
NAME	YESBECK, PAUL J		2.2 NA	ME					
STREET ADDRESS	540 WEST 83RD STREET		2.3 ST	REET ADDRE	SS				
CITY-ST-ZIP	HIALEAH FL 33014			TY-ST-ZIP				Change	Addition
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NAME	DOREN, SIDNEY M		3.2 NA						l
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NAME			4. 2 N						İ
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CITY - ST - ZIP		DELETE		TY-ST-ZIP				Change	Addition
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NAME			5.2 N/						
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NAME			62 N						ļ
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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 informatic 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 attachage) with an address.

SIGNATURE: