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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500012819

DON L LEASING GROUP DB, NC. Principal Place of Business 3250 NW. 2860 AtENUE SUITE 0 - 100 POWPAND BEACH FL 3009 POWPAND BEACH FL 3	1. Corporation	Name # P9500	0012819				{	
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Zig	City & State			City & State				{
28	23	28					Trust Fund Contribution Added to Fees	{
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COHEN, STEPHEN 3250 NW 23 AVENUE SUITE 0-100 POMPANO BEACH FL 33069 82 Street Address (P.O. Box Number is Not Acceptable) 83 POMPANO BEACH FL 33069 84 City FL 85 Zip Code 11. Pursuent to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named 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, Speed or primed name of registered agent and tisk if applicable (NOTE Registered Agent agent approach when retinishing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OCHEN, STEPHEN 12. PAME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OCHEN, STEPHEN 12. PAME 13. TITLE 14. TITLE 14. TITLE 14. TITLE 15. TITLE 16. Change Addition 15. Name and Address of New Registered Agent 15. Name 16. Title 16. Title 16. Title 17. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. TITLE 19. Change Addition 19. Title 19. Change Addition 19. Name 19. Title 19. Change Addition 19. Title 19. Change Addition 19. Name 19. STREET ADDRESS 19. Change Addition 19. Title 19. Title 19. Change Addition 19. Title 19. Title 19. Change Addition 19. Title 19. Title 19. Change Addition 19. Titl		<u> </u>	<u> </u>		Country		ria	}
COHEN, STEPHEN 3250 NW 23 AVENUE SUITE 0-100 POMPANO BEACH FL 33069 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, 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, 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, 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, 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, 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, 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, or both appointment as registe	24				_ _T			{
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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, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstiting) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE COHEN, STEPHEN STREET ADDRESS 2250 N.W. 23RD AVENUE, SUITE 0 - 100 1.3 STREET ADDRESS CITY: ST-ZIP POMPANO BEACH FL VP LLOYD, MAXWELL 3250 N.W 23 AVENUE SUITE 0-100 2.2 STREET ADDRESS CITY: ST-ZIP POMPANO BEACH FL DELETE 3.1 STILE Change Addition 1.2 NAME 3.2 SAME 3.3 STREET ADDRESS CITY: ST-ZIP Change Addition Change Addition Addition Addition Change Addition Addition Addition Addition Change Addition Addition Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Change Addition Addition Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Change Addition Addition Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Change Addition Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Change Additi	POMPANO BEACH FL 33069				_	-		_{
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SIGNATURE Signature, typed or printed name of registered agent and still of applicable. 12. OFFICERS AND DIRECTORS TITLE PD DELETE 1.1 TITLE COHEN, STEPHEN STREET ADDRESS CITY-ST-ZIP NAME ULOYD, MAXWELL STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL TITLE S250 N.W 23 AVENUE SUITE 0-100 23 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP T	office or n	egistered agent, or both, in the State of familiar with, and accept the oblid	te of Florida. Such chan gations of, Section 607.	ge was authori: 0505, Florida S	zed by tatutes	the corpor	oration's board of directors. I hereby accept the appointment as registered	}
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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 or supplemental annual report strue 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, with all other like empowered.

DELETE

SIGNATURE AND LYDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: 🖊

CITY-ST-ZIP

STREET ADORESS

TITLE

NAME

J-0

(954) 968-790

☐ Addition

☐ Change

R2E034 (11/98)