

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90266 013 ***150.00

0569002

DOCUMENT # P95000017992

1. Corporation Name
ORLANDO LEASING SYSTEMS, INC.

Principal Place of Business

2909 W SR 434
SUITE 101
LONGWOOD FL 32779
US

Mailing Address

2909 W SR 434
SUITE 101
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1995

4. FEI Number

59-3297204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MARTIN, JAMES H
2909 W SR 434
SUITE 101
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

SIGNATURE

James H. Martin
Signature, typed or printed name of registered agent and title if applicable.

James H. Martin, President

DATE 3-2-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME O'FIESH, FRED G JR.
STREET ADDRESS 2334 COLUMBINE COURT
CITY-ST-ZIP GAMBRILLS MD 21054

TITLE D ☐ DELETE

NAME FLAHERTY, TIMOTHY P
STREET ADDRESS 2325 COLUMBINE COURT
CITY-ST-ZIP GAMBRILLS MD 21054

TITLE D ☐ DELETE

NAME MARTIN, JAMES H
STREET ADDRESS 1592 BELFAST CT
CITY-ST-ZIP APOPKA FL

TITLE D ☐ DELETE

NAME MICHAEL, J M
STREET ADDRESS 7929 RIDGE POINTE DR E
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Martin, Michael J.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

James H. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Martin

3-3-99 (407) 862-1771

Date

Daytime Phone #

CR2E034 (11/98)