May 07, 1999 8:00 am Secretary of State

05-07-1999 90001 041 \*\*\*150.00

## 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** 

## DOCUMENT # P95000037018

1. Corporation Name

LAZABUS LEASING COMPANY

LALATION	S ELAOIRA COMI AIRI							
Principal Place	e of Business	Mailing Address	s			) idalidat sib idigi ditit batti aant batti aant i	INDELL ANDROL IS	101 1011 1401
711 SO. DIXIE HIGHWAY EAST POMPANO BEACH FL 33060 POMPANO BEACH FL 33060						DO NOT WRITE IN THIS SPA	VCE	
						3. Date Incorporated or Qualifed	102	
						05/08/1995		
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For			
26						65-0587053		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. Certificate of Status Desired	<b>8.75</b> Ad Fee Req	1
City & State City & State					6. Election Campaign Financing S5.00 May		lav Be	
23 28						Trust Fund Contribution	Added to	
Zip	Country	Zip Cou				8. This corporation owes the current year Intangible		
24	25 29 3			_		Personal Property Tax. Yes No		
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Age	nt	
				81	Name			
BAURLEY, KENNETH				82	82 Street Address (P.O. Box Number is Not Acceptable)			
711 SO. DIXIE HIGHWAY EAST				[ ]	000			
POMPANO BEACH FL 33060				83				
ll.				84	City	FL	5 Zip Co	ode
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such cha	nge was autho	orized by	tne corpora	proration submits this statement for the purpose of characteristics board of directors. I hereby accept the appointment	nging its regi	egistered stered
SIGNATURE		- Frank	AIOTE: Day		t ajanatura roau	pred when reinstation) DATE		\
Signature, typed or printed name of registered agent and trie if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS				13.	and Agent arguments required when the modernity		IRECTOR	S IN 12
TITLE	PD		DELETE	1.1 TITLE			Change	☐ Addition
NAME	BAURLEY, KENNETH			1.2 NAME				ļ
STREET ADDRESS	711 SO. DIXIE HIGHWAY EAS	r		1.3 STREET	ADDRESS			}
CITY-ST-ZIP	POMPANO BEACH FL 33060			1.4 CITY-S	r-ZIP			
TITLE	SD		DELETE	2.1 TITLE			Change	☐ Addition
NAME	BAURLEY, ELVIRA			2.2 NAME				}
STREET ADDRESS 711 SO. DIXIE HIGHWAY EAST				2.3 STREET ADDRESS				}
CITY-ST-ZIP	POMPANO BEACH FL 33060			2. 4 CITY- S	T- ZIP			
TITLE			DELETE	3.1 TITLE			Change	☐ Addition
NAME				3.2 NAME	•			
STREET ADDRESS				3.3 STREET	ADDRESS			
CFTY-ST-ZIP				3.4. CITY-S	T-ZIP	·		· <u>·</u>

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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

☐ DELETE

Change

Change

☐ Change

☐ Addition

Addition

☐ Addition