

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # P95000039445 (8)

1. Corporation Name
TRIAD LEASING COMPANY, INC.

Principal Place of Business

336 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

Mailing Address

P.O. BOX 2398
FT. LAUDERDALE FL 33303-2398



3. Date Incorporated or Qualified
05/17/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1111-C NE 7TH AVE

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Ft. Lauderdale, FL

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 P.O. BOX 4789

Suite, Apt. #, etc.

27

City & State

28 Fort Lauderdale, FL

Zip

29 33338

Country

30 USA

4. FEI Number

65-0554289

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAUER, MARK T
360 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

BOB MOORE

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

1111-C NE 7TH AVENUE

83

Suite 300

84 City

Fort Lauderdale

FL

85 Zip Code

33304

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]

R.A. 4-21-97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTS ☐ DELETE

NAME WEST, MARK
STREET ADDRESS 336 SOUTH MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

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 DPTS ☒ Change ☐ Addition

1.2 NAME BOB MOORE

1.3 STREET ADDRESS 1111-C NE 7TH AVENUE

1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33304

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

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

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5/14/97

14. I do 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.

SIGNATURE:

[Signature] president

4-27-97 (654) 522-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)