PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050622 1. Corporation Name

E LEASE, INC.

Principal	Place of	Busin	ess

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90041 033 ***150.00



						JI 91111 00117	
Principal Place of Business Mailing Address							
3040 NORTHWEST 68TH STREET. BLDG #4 3040 NORTHWEST 68TH S APT #201 APT #201 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309					DO NOT WRITE IN THE	e edace	:
				DO NOT WRITE IN THI 3. Date incorporated or Qualifed	3 SPACE		
					06/27/1995		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			65-0600101		Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
22		27					e Required
City & State		City & Stele			6. Election Campaign Financing	* -	.00 May Be
23		28	Countr	.,	Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current year la	ntanginje Yes	□No
24	25		30}		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curr	ent Registered Agent	81	I Name	10. Maille and Address of New Registers	a rigoin	
ΔΝΩ	REW, CONSTANCE M		[
	NORTHWEST 68TH STREET.	RLDG #4	82	Street Add	ress (P.O. Box Number is Not Acceptable)		
APT #201		83					
	AUDERDALE FL 33309		10.				
, , , ,	STODENDALE I E GOOD		84	City	F	L 85	Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the abov	/e-named corp	poration submits this statement for the purpose	of changin	g its registered
office or re	egistered agent, or both, in the Sta n familiar with, and accept the obli	le of Florida. Such change was auf	thorizea ov	/ tne corporati	ion's board of directors. I hereby accept the app	ointment a	as registered
_	n rammar with, and accept the obli	yanona on, odenon der ledes, i leik					
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F	Registered Age	ant signature requin	ed when reinstating) OATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1,1 TITLE	Ì		☐ Cha	ange
NAME	ANDREW, CONSTANCE M		1.2 NAME	ľ			
STREET ADDRESS	3040 NORTHWEST 68TH ST	REET, BLDG #4 AP 201	1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Cha	ange
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREI	ET ADDRESS			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		•	☐ Cha	ange
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			=
TITLE		☐ DELETE	4.1 TITLE			Cha	ange
NAME (4. 2 NAME	: (
STREET ADDRESS	÷ .		4.3 STRE	ET ADDRESS			
CITY+ST-ZIP	•		4.4 CITY-	ST-ZIP	<u></u>		
TITLE		☐ DELETE	5.1 TITLE			Chi	ange
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 YITLE			☐ Cha	ange
NAME			6.2 NAME	:			
PTDEET ADODEDE		_	6.3 STRE	ET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR