## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED** Oct 07 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000053146 (3) PG-C LEASING COMPANY OF FLORIDA, INC. Principal Place of Business Mailing Address 1299 E. COMMERCIAL BLVD. 1299 E. COMMERCIAL BLVD. SUITE WEST J FT. LAUDERDALE FL 33334 SUITE WEST J DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33334 3. Date Incorporated or Qualified 07/05/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0645276 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 8. This corporation owes or has paid the current year Intangible Country Country 24 25 29 30 Personal Property Tax due June 30. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GAMBRILL, PAULA 3010 NE 45TH STREETT FT LAUDERDALE FL 33308 83 84 85 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. nt and tine if applicable (NOTE: Registered Agent signature required when reinstating) (2/38)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE GAMBRILL PAULA 1290 E COMMERICAL BLAD CR2E034 NAME 1.2 NAME STREET ADDRESS L3 STREET ADDRESS LANDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRES ₽.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE DELETE NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 CITY-ST-ZIP CITY-ST-ZIF 4.1 TITLE DELETE \_\_\_ Change \_\_\_\_ Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE

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 of the receiver or trustee employered 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 agoryss.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

DELETE

3-6000

\_\_\_ Change

\_\_\_ Addition