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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055981 (1)

SHARP SHOOTERS LEASING, INC.

**FILED** 

Apr 14 1998 8:00am

Secretary of State

Principal Plac	e of Busines	<u> </u>	Ma	ailing Address				-	ULIII Edili Li	(B) <b>4</b> ///	IBI IABI FORI
1260 LITTLEF	IFID DRIVE			260 LITTLEFIELD DRIVE	F						
				EW PORT RICHEY FL							
								DO NOT WE		SPACE	
								3. Date Incorporated or Qualific	∍d		
2. Principal P	lace of Busin	2000	20	Mailing Address				07/19/1995 4. FEI Number		1 14	nnlind For
21	IACE OF BUSH	1033	26	Mailing Address				59-3343063			pplied For ot Applicable
Suite, Apt.	#. etc.		1201	Suite, Apt. #, etc.							Additional
22	•		27					5. Certificate of Status Desired			equired
City & Stat	e			City & State			•	6. Election Campaign Financing		\$5.00	May Be
23			26					Trust Fund Contribution			to Fees
Zip		Country	toward,	Zip		ountry		8. This corporation owes or has	paid the cu	urrent year in	tangible
24		25	29		30			Personal Property Tax due J			J No
		and Address of Curre	nt Regist	tered Agent		-		10. Name and Address of New	Registered	I Agent	
	lls, les					B1	Name				
1260 LITTLEFIELD DRIVE						82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
NE	w Port R	ICHEY FL 34655				-					
						83					
						84	City		FI	<b>85</b> Zip	Code
44 Durayant	to the provin	ions of Sections 607 06	02 and 6	07 1609 Etorido Statu	itoo tho		named core	oration submits this statement for th	FL	et obspeine i	to registered
office or r	egistered ag	jent, or both, in the State	of Floric	da. Such change was	authori	zed by	the corporati	oration submits this statement for the on's board of directors. I hereby ac	cept the ap	pointment as	registered
•	ım familiar wi	th, and accept the oblig	jations of	, Section 607.0505, F	-lorida S	tatutes	<b>3</b> .				
SIGNATURE	Signature, lyped	or printed name of registered au	ent and title	if applicable (NO	TE Regist	ered Age	nt signature require	ed when reinstating)	DATE		
12.		OFFICERS AN			1:			ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	D									Observe	
NAME				☐ DELETE	1.1	TITLE				☐ Change	Addition
		Lester e		LJ DELETE		NAME				Change	Addition
STREET ADDRESS	1260 LN	ITLEFIELD DRIVE		LJ DELETE	1.3	NAME	ADDRESS			Change	Addition
STREET ADDRESS CITY-ST-ZIP	1260 LN		5		1.7 1.3	NAME					
	1260 LT NEW PC D	ITLEFIELD DRIVE ORT RICHEY FL 3465	5	☐ DELETE	1.3 1.3	NAME STREET				☐ Change	Addition
CITY-ST-ZIP	1260 L/1 NEW PC D SELLS,	ITLEFIELD DRIVE DRT RICHEY FL 3465 SHARON M	5		1.3 1.3 1.4 2.1	NAME STREET CITY-S		·			
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14. Thereby 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 suppliemental 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 occurrence occurrence of the occurrence occurrence of the occurrence occur

SIGNATURE:

4/7/98