

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059044

Corporation Name
TEMPLETON LEASING CORPORATION

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90003 020 ***558.75



Principal Place of Business
90 NW 54TH ST
SUITE 9
FORT LAUDERDALE FL 33309

Mailing Address
3590 NW 54TH STREET
SUITE 9
FORT LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business
25
Suite, Apt. #, etc.
27
City & State
28
Zip
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
Country
29

3. Date Incorporated or Qualified

07/25/1995

4. FEI Number

65-0597031

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 owes the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

MCCARTNEY, JAMES L.
3590 NW 54TH ST
STE 9
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name James I. McCartney
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

		<input type="checkbox"/> DELETE
ET ADDRESS	D MCCARTNEY, JAMES I	
ST-ZIP	3590 NW 54TH STREET STE 9 FORT LAUDERDALE FL 33309	
ET ADDRESS	D MCCARTNEY, MICHELLE	
ST-ZIP	3590 NW 54TH STREET STE 9 FORT LAUDERDALE FL 33309	
ET ADDRESS		
ST-ZIP		
ET ADDRESS		
ST-ZIP		
ET ADDRESS		
ST-ZIP		
ET ADDRESS		
ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

GNATURE: JAMES I. MCCARTNEY 9/7/99 954-733-8105

CR2E034 (5/99)