## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE

Sandra B Morthar Secretary & State

DIVISION OF CORPORATIONS

1996

P95000060767 (7) **DOCUMENT #** 1. Corporation Name

CASCADE EQUIPMENT LEASING, INC.

Principal Place of Business

Mailing Address



106 EAST LAKE BRANTLEY DRIVE LONGWOOD FL 32779-4806			105 EAST LAKE BRANTLEY DRIVE LONGWOOD FL 32779-4806				
		24			3. Date Incorporated or Qualified 08/07/1995		
		2a. Mailing Address	Mailing Address		4. FEI Number		Applied For
L. Principal Place of Business		<b>∤</b> ¬₁	26		59 - 333/378		Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	_ \$	8.75 Additional
Some, Apr. #, ec	.v.	27			J. October of Grands Door		Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible tax ur 	nder s 199.032,
ו	25	29	30		Florida Statutes Yes  10. Name and Address of New I		nt
9	Name and Address of Cui	rent Registered Agent			10. Name and Address of New I	registered Age	
				81 Name			
ATKINS,	JAMES G			82 Street Addr	ess (P.O. Box Number is Not Accepta	b'e)	
	LAKE BRANTLEY DRIVE						
	OD FL 32779-4806			83			
LONGINO	OD I L OLITO 1000			<b>84</b> City			5 Zip Code
1				l '	ration submits this statement for the pi rd of directors. Thereby accept the app	FL [	
familiär with, a	and accept the obligations of, a	Section dos todos, mondo octava		l Agent sijnst an regime	ration such this the state here to the part of the applications. Thereby accept the applications and the state of the applications are the state of	DATE	
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2.		AND DIFIECTORS	1 1	105			Change Addition
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IAME	ames GATLMS OS EAST LAKE BO		12 N	l l			
			i i	STREET ADDRESS			
DITY-ST-ZP	ONEWOOD FL &	2779-4806		TIME			Change Addition
TITLE		☐ DELETÉ	I -	1		_	
NAME			1	NAME			
STREET ADDRESS			1	STREET ADDRESS			
CITY - ST - ZIP	19			CITY-ST-ZIF			Change Addition
TITLE		DELETE		TITLE			-
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - S - ZIP		E DOLLIE		CHY-ST-ZIP		<u></u>	Change 🔲 Addition
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NAME				NAME			
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CITY-SI ZIP	ip Doctor			C-TY -ST - ZIP	<u>300001818253</u> -05/13/9601031 <b>9€%%/9</b> □ ^ ***200.00		Change Addition
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NAME				NAME	***200.00		
STREET ADDRESS			5.3	STREET ADORESS			
CITY-ST-ZIP				CITY - ST - ZIF			Change Addition
TITLE	DELETE		6 1	1 TITLE		ب	J. Lange La Figure
NAME			6.2	NAME			
STREET ADDRESS			6.3	STREET ADDRESS			
			6.4	CHTY - S1 - ZIP		10.07/3103 Fred	da Statutor I further
- Cont. Ot. 211	certify that the information suc-	piled with this filing is voluntarily	lumished an	d does not qualify	y for the exemption stated in Section 1 trate and that my signature shall have	าซ.บาเอมห). Fion the same legal e	da otatutes, i fumber ffect as if made unde