FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000061797 (3)**

1. Corporation Name
P&M LEASING CORP.

Principal Place of Business
7178 MELBOURNE LN
BOCA RATON FL 33432

Mailing Address
7178 MELBOURNE LN
BOCA RATON FL 33432

3. Date Incorporated or Qualified: 08/10/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 C/O NPA Associates, Ltd.
Suite, Apt. #, etc.
27 225 Wireless Blvd.
City & State
28 Hauppauge NY
Zip 29 11788 Country 30 USA

4. FEI Number: 65-0616926 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FILINGS, INC.
3732 NW 16 ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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.

SIGNATURE: Paul Trentacoste
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	TRENTACOSTE, PAUL	
STREET ADDRESS	8 HARNESS RD	
CITY-ST-ZIP	ST JAMES NY 11780	
TITLE	D	☐ DELETE
NAME	AVELLINO, MICHAEL	
STREET ADDRESS	6 HARNESS RD	
CITY-ST-ZIP	ST JAMES NY 11780	
TITLE	D	☐ DELETE
NAME	TYLER, ROBERT	
STREET ADDRESS	1150 WILSHIRE CIR W	
CITY-ST-ZIP	PEMBROOK POND FL 33027	
TITLE	D	☐ DELETE
NAME	THERMILUS, JACQUE E	
STREET ADDRESS	6455 PINE TREE DR CIR	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Paul Trentacoste
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/13/96 Daytime Phone #: (516) 231-8484