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 # P95000092307 (4)

SHEA LEASING CORP.

FILED Mar 20 1998 8:00am Secretary of State

ONEA	LEASING CORP.					
Principal Plac	ce of Business	Mailing Addre	988		,	
1607 PINE B	AY ROAD	1807 PINE BAY ROAD				
SARASOTA F: 34231 SARASOTA F: 3423						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
9 Principal F	Place of Business	2a. Mailing Ad	drose			12/05/1995
21	lace of Business	26				4. FEI Number Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				65-0637294 Not Applicable
22	,		27			5. Certificate of Status Desired Fee Required
City & Stat	le	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip				Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30	<u> </u>		Personal Property Tax due June 30. 🔀 Yes 🔲 No
•	9. Name and Address of Curre	nt Registered Agen	t			10. Name and Address of New Registered Agent
SH	iea, John			81	Name	е
	40 South Tamiami Trail			82	Street A	et Address (P.O. Box Number is Not Acceptable)
SA	RASOTA FL 34239					
				83		
				84	City	85 Zip Code
11. Pursuali	to the provisions of Sections 607 050	02 and 607 1508 Fir	rida Statutas	the above	-named	FL 33 ap 5000
11. Pursual 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 of 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, ram ramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE: Re	egistered Age	nt sinneture i	ure required when reinstating) DATE
12.		ID DIRECTORS	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.	- K digitation	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE		Change Addition
NAME	SHEA, ROGER			1.2 NAME		
STREET ADDRESS	1607 PINE BAY ROAD			1.3 STREET	address	
CITY-ST-ZIP	SARASOTA FL 34231			1.4 CITY-ST	r-ziP	
TIFLE	D		DELETÉ	2.1 TITLE		Change Addition
NAME	SHEA, CHARING			2.2 NAME		
STREET ADDRESS	1607 PINE BAY ROAD			2.3 STREET	ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231			2.4 CITY-S	T-ZIP	
TITLE			DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			ļ	3.2 NAME		
STREET ADDRESS				3.3 STREET		
CITY-ST-ZIP TITLE			DELETE	3.4. CITY-S 4.1 TITLE	T-ZIP	Change Addition
NAME		الا	VLLLIL	4.1 HIFLE 4. 2 NAME		L CHANGE L ADDRIGHT
ľ					1000100	
STREET ADDRESS City-St-Zip				4.3 STREET A		
TITLE			DELETE	5.1 TITLE	- 2117	☐ Change ☐ Addition
NAME				5.2 NAME		2 9
STREET ADDRESS				5.3 STREET /	ADDRESS	7-20
CITY-ST-ZIP			ļ	5.4 CITY-ST		37
TITLE			DELETE	6.1 THTLE		Change □ Addition
NAME				6.2 NAME		500002464545 ⁴ 5 ⁴ 5 ⁴ 1000 -03/23/3801008012
STREET ADDRESS				6.3 STREET A	ADDRESS	***150.00
CITY-ST-ZIP				6.4 CITY-ST		****130.00
14. I hereby c	ertify that the information supplied w	ith this filling does no	t quality for th	e exempt	ion stated	ted in Section 119.07(3)(i). Florida Statutes, I further certify that the information

4. 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 only a stachment with an address.

IONATURE (INC. X/N)

2/1/90

941-923-1699