**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000092986

WONDER LEASING, INC.

LAKELAND FL 33801

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23

24

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address Principal Place of Business 1048 OLEANDER ST

25

WALKER, STEPHEN D

1048 OLEANDER ST LAKELAND FL 33801

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

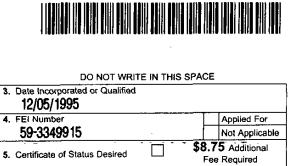
28 Zip

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9. Name and Address of Current Registered Agent

## **FILED** Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90001 037 \*\*\*550.00



6. Election Campaign Financing

Intangible Personal Property.

8. This corporation owes the current year

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

\$5.00 May Be

Added to Fees

Yes

1048 OLEANDER ST	82	Street Address (P.O. Box Number is Not Acceptable)				
LAKELAND FL 33801	83					
	84	City	FL 85	Zip Code		
Purpose to the previous of sections 607 0502 and 607 1508. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered						

81 Name

Country

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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.							
SIGNATURE							
Signature, typed or printed name or registered agent and that it applicable. (Note: Registered agents agent agents agent agents agents agent agen							
12.	OFFICERS AND DIRECTORS	<del></del>					
TITLE {	D	DELETE	1.1 TITLE	Change Addition			
NAME	WALKER, STEPHEN D		1.2 NAME				
STREET ADDRESS	2429 HIGHLANDS VUE PARKWAY		1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-ST-ZiP	,			
TITLE	D ·	DELETE	2.1 TITLE	Change Addition			
NAME	KNOLL, RONALD M		2.2 NAME				
STREET ADDRESS	8225 STUART LANE -	'	2.3 STREET ADORESS	- · · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP	LAKELAND FL 33809		2.4 CITY-ST-ZIP	- Parada			
TITLE	5	DELETE	3.1 TITLE	Change Addition			
NAME	·		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	•		3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	Change Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	i			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETÉ	5.1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE '	Leave the second	DELETE	6.1 TITLE	Change Addition			
NAME .			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 opposation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

SIGNATURE:

941-6866163