## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## **FILED** Feb 25, 1999 8:00 am Secretary of State

|  | 1999  |                     | DIVISION OF CO   | RPOR               | -<br>RATION   | 18             |                | 02-25-19                                   | 99 90043 03                                  | 37 ***150.         | 00             |
|--|---|---------------------|--|--------------------|---------------|----------------|----------------|--|--|--------------------|----------------|
| DOCUMENT # P95000096728  1. Corporation Name       |   |                     |  |                    |               |                |                |  |  |                    |                |
| K & R LEASING, INC.                                |   |                     |  |                    |               |                |                |  | <b></b>                                      |                    | 11681 (AH 1881 |
|  |   |                     |  |                    |               |                |                |  |  |                    |                |
| Principal Plac                                     | e of Business   | Ma                  | illing Address   |                    |               |                |                |  | (f) <b>(f</b> ))) <b>10</b> )() <b>f)</b> () |                    |                |
| 882 SW 124TH TERRACE 882 SW 124TH TERRACE          |   |                     |  |                    |               |                |                | ;  |  |                    |                |
| DAVIE FL 33325 DAVIE FL 33325                      |   |                     |  |                    |               |                |                | , pa war                                   |  |                    |                |
|  |   |                     |  |                    |               |                | 2 Dat          | b Incorporated or Qua                      | WRITE IN THIS                                | SPACE              | ·              |
|  |   |                     |  |                    |               |                |                | /20/1995                                   | ,  |                    | }              |
| 2. Principal Place of Business 2a. Mailing Address |   |                     |  |                    |               |                |                | Number .                                   |  | Ap                 | plied For      |
| 21   | <del>-</del>  |                     |  |                    |               |                | 59             | -3351145                                   |  | No                 | t Applicable   |
| Suite, Apt. #, etc.                                |   |                     |  |                    | 5. Certifcate |                |                | tifcate of Status Desire                   | ed 🔲   | \$8.75 A           |                |
| 22   |   |                     |  |                    |               |                | <u>-</u> 1 ·   | 1  |  | · Fee Re           |                |
| City & State                                       |   |                     |  |                    |               |                | 3              | ction Campaign Financest Fund Contribution | ing 🗆  | \$5.00<br>Added to |                |
| Zip  | 28 Country Zip Cou  |                     |  |                    | ntry          |                |                | s corporation owes the                     | current vear in                              |                    | 01000          |
| 24 ,   | 25 29 30  |                     |  |                    |               |                | Per            | sonal Property Tax.                        | -  |                    | □No            |
|  | 9. Name and Address   | of Current Regist   | ered Agent   |                    |               |                | 10. Na:        | me and Address of N                        | ew Registered                                | Agent              |                |
| i i  |   |                     |  |                    | 81 N          | Name SA        | NDRA (         | ENCEBAUGH                                  | •  |                    |                |
| CADY, CHARLES B 4431 DAVIE ROAD STE 121            |   |                     |  |                    | <b>82</b> S   | Street Addr    | ess (P.O.      | Box Number is Not Acc                      | ceptable)                                    |                    |                |
| DAVIE FL 33324                                     |   |                     |  |                    | 83            |                |                | <u> </u>                                   |  | <del> </del>       |                |
| DAVIC FE GOOZY                                     |   |                     |  |                    | 63            |                | •              |  |  |                    |                |
|  |   |                     |  |                    |               | City           |                | :  | FL   | 85 Zip C           | ode            |
| 11, Pursuant                                       | to the provisions of Section  | ns 607.0502 and 60  | 7.1508, Florida Statutes   | , the at           | ove-na        | amed corp      | oration sub    | omits this statement for                   | the purpose of                               | changing its       | registered     |
| office or r  | to the provisions of Section<br>egistered agent, or both, in<br>m familiar with, and accept | the State of Florid | <ol> <li>Such change was auth<br/>Section 6070505. Florid</li> </ol> | norized<br>a Statu | by the        | corporation    | on's board     | of directors, I hereby a                   | ccept the appo                               | intment as reg     | jistered       |
| SIGNATURE  | 5-0   |                     |  | _Λ                 | <u>کــــہ</u> | SANDRA         |                | L<br>EBAUGH                                | 16/9   | 9                  |                |
|  | Signature, typed or printed name of   |                     |  |                    | Agent sig     | nature require | d when reinsta | ing)<br>ITIONS/CHANGES TO                  | DATE.  | ID DIDECTO         | DC IN 40       |
| 12.  | D   | ICERS AND DIRE      | DELETE   | 13.                | 1 F           |                | ADD            | TIONS/CHANGES TO                           | OFFICERS A                                   | ☐ Change           | Addition       |
| NAME   |   |                     |  | 1.2 NA             |               |                |                |  |  | •                  | _              |
| STREET ADDRESS                                     |   |                     | 1.3 STI  | 1.3 STREET ADDRESS |               |                |                |  |  | 1                  |                |
| CITY-ST-ZIP  | B 43 HM PT 4444   |                     | 1.4 CIT  | 1.4 CITY-ST-ZIP    |               |                | t              |  |  |                    |                |
| TITLE  |   |                     | 2.1 ΠΤ   | Œ                  |               |                |                |  | · Change                                     | ☐ Addition         |                |
| NAME   |   |                     |  | 2.2 NA             | ME            |                |                | •  |  |                    |                |
| STREET ADDRESS                                     |   |                     |  |                    | REET ADI      |                |                |  |  |                    | {              |
| CITY-ST-ZIP  |   |                     |  |                    | TY-ST-ZI      | P              |                | <u> </u>                                   |  | Change             | Addition       |
| TITLE  |   |                     |  | 3.1 TIT<br>3.2 NA  |               |                |                |  |  | omenge             |                |
| NAME<br>STREET ADDRESS                             |   |                     |  |                    | REET ADI      | DRESS          |                | •  |  |                    |                |
| CITY-ST-ZIP  | 3.4. CF   |                     |  |                    |               | l l            |                |  |  |                    | . [            |
| TITLE  | ☐ DELETE 4.1 TI   |                     |  |                    | 4.1 TITLE     |                |                |  |  | ☐ Change           | ☐ Addition     |
| NAME   |   |                     |  | 4. 2 NA            | ME            |                |                |  |  |                    |                |
| STREET ADDRESS                                     |   |                     |  | 4.3 STI            | REET ADD      | ORESS          |                | 1  |  |                    |                |
| CITY-ST-ZIP  |   |                     | - December   | _                  | Y-ST-ZIF      | >              |                | ·  |  | Change             | Addition       |
| TITLE  |   |                     | DELETE   | 5.1 TIT<br>5.2 NA  |               |                |                |  | •  | Change .           | LI Addition    |
| NAME<br>expect annuese                             |   |                     |  | H                  | REET ADI      | DRESS          |                | 1  |  |                    |                |
| STREET ADDRESS<br>CITY-ST-ZIP                      |   |                     |  |                    | Y-ST-ZIF      |                |                |  |  |                    |                |
| TITLE  |   |                     | ☐ DELETE   | 6.1 TIT            |               |                |                |  |  | Change             | Addition       |
| NAME   |   |                     |  | 6.2 NA             | ME            |                |                |  |  |                    | 1              |
| CTREET LEADERS                                     | İ   |                     |  | 63 ST              | REETADO       | ORESS          |                |  |  |                    | 1              |

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 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, with all other like empowered.