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PROFIT CORPORATION ANNUAL REPORT 1999



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Katherine Harris

DOCUMENT #	P96000007	182
1. Corporation Name	. 0000000	

JTD LEASING CORP.

Principal Place of Business	Mailing Address	
4235 FORESTER LANE TAMPA FL 33624	P.O. BOX 274045 Tampa FL 33688	
US	U\$	

US	US		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 01/23/1996			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Appl ed For		
21	26		59-3357724	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Electior Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Coun'ry 24 25		Country	8. This co poration owes the current year In Personal Property Tax.			
9. Name and Address of Cu			10. Name and Address of New Registered	Agent		
DIANGE, JOSEPH B.		81 Name	dress (P.O. Box Number is Not Acceptable)			

4235 FORESTER LANE TAMPA FL 33624

	ļ	10. Name and Address of New Registered	I Agen	<u>t</u>	
_	81	Name			
	82	Street Address (P.O. Box Number is Not Acceptable)			
	83				
	84	City	85	Zip Code	
_					

11. Pursuarit to the provisions of Se tions 607.0502 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.

SIGNATURI	AVAIL AVAIL AVAIL	Registered Agent signature req	ui ad when reinstation) DATE	_
	Signature, typed or printed name of registered agent and title if applicable. (NOTE	Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 3 IN	12
12.	P DELETE	1.1 TMLE		ddition
TITLE	DIANGE, JOSEPH	1.2 NAME		
NAME	AGOS CODECTED LAND			
STREET ADDRESS		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	☐ Change ☐ A	Addition
TITLE	DELETE	2.1 TITLE	Charge DA	400mon
NAME		2 2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ A	Addition
NAME		3 2 NAME		
STREET ADDRES 3		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	Change A	Addition
NAME		4. 2 NAME		
STREET ADDRES 3		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ A	Addition
NAME		5.2 NAME		
STREET ADDRES 3		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ OELETE	61 TITLE	Change A	ddition
NAME		6.2 NAME		
STREET ADDRES		6.3 STREET ADDRESS		
		64 CITY ST 7IP		

14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify 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.

SIGNATURE:

3/3-56/-090 0 t ayume Phone #