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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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P96000007665 (8)

CJB LEASING, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address **942 FALLING TREE CIR** 2842 FALLING TREE CIR ORLANDO FL 32837 ORLANDO FL 32837 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/22/1996 2. Principal Place of Business 2a. Mailing Adgress Applied For Same Am 21 59-3359995 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name Same BAUER, ROBERT IN 2842 FALLING TREE CIR Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32837 83 City Zip Code 11. Pursuant 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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE BAUER, ROBERT III NAME 1.2 NAME 2842 FALLING TREE CIR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32837 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change ■ Addition TITLE 2.1 TITLE MALAF 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$T - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 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 conjugation of 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 chapted, or own attachment with an address

Robert A. Bauer III **SIGNATURE**