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

Mailing Address 1000 RIVERSIDE AVE.

STE. 500

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000019407

1. Corporation Name

Principal Place of Business

1000 RIVERSIDE AVE.

STE. 500

COMPUTER LEASING CORPORATION, INC.

JACKSONVILLE	IL 32204 JACKSONVILLE FL 32204						DO NOT WRITE IN THIS SPACE					
US		US				}	3. Date Inco 02/28/1	996	Qualifed			
2. Principal P	lace of Business	2a. Mailing	Address	_			4. FEI Numb					Applied For
21		26					<u>59-3376</u>	<u> 618 </u>				lot Applicable
Suite, Apt.	, etc. Suite, Apt. #, etc. 27						5. Certifcate	of Status I	Desired			Additional Required
City & Stat	e	City & State					6. Election C	ampaign F	inancing		\$5.0	🕽 Мау Ве
23		28					Trust Fun	d Contribut	ion		Adde	to Fees
Zîp	Country	Zip					8. This corpo			nt year In		1
24	25	29		<u> </u>				Property Ta		· · · ·	∐Yes	I ZNo
	9. Name and Address of Currer	nt Registered Ag	jent	01	Moreo		0. Name an	d Address	of New Re	gisterea	Agent	
FAIRCHILD, RONALD D 701 FISK ST 1000 RIVERSIBE AVE					81 Name							
					82 Street Address (P.O. Box Number is Not Acceptable)							
S UITE 310 - SUITE 500 JACKSONVILLE FL 32204				83								
JACI	COUNTILLE PL 32204			84	City						85 Zij	Code
					<u> </u>					FL	<u>- </u>	
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such ations of, Section	change was auth 607.0505, Florida	norized by a Statutes	the corp	poration's	board of dire	ctors. I her	eby accept	the appo	intment as	registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Re	egistered Ager	t signature	e required who	en reinstating)			DATE		
12.	OFFICERS AN	ND DIRECTORS		13.			ADDITION	S/CHANGE	S TO OFFI	CERS A		ORS IN 12
TITLE	D		☐ DELETE	1.1 TITLE							Change	Addition
NAME	FAIRCHILD, RONALD D			1.2 NAME		1.	0	A	4	\ T	<u>_</u>	
STREET ADDRESS	7 01 FISK ST SUITE 310			1.3 STREET	ADDRESS	s /00	o RIVE	CJ/UE	AVEN	ME,	SUITE	500
CITY-ST-ZIP	JACKSONVILLE FL 32204			1.4 CITY-S	T-ZIP							
TITLE			☐ DELETE	2.1 TITLE							☐ Chang	Addition
NAME				2.2 NAME								,
STREET ADDRESS				2.3 STREET	ADDRESS	s						
CITY-ST-ZIP			<u> </u>	2. 4 CITY-5	T-ZIP						Char	Addition
TITLE			DELETE	3.1 TITLE		1					☐ Change	e Addition
NAME				3.2 NAME								
STREET ADDRESS				3.3 STREET		is						
CITY-ST-ZIP			DELETE	3.4. CITY- S	T-ZIP	-					☐) Chang	→ ☐ Addition
TITLE			CT OFFER	4.1 TITLE							спапу	
NAME				4. 2 NAME		_						
STREET ADDRESS				4.3 STREET		is						
CITY-ST-ZIP			DELETE	4.4 CITY-S 5.1 TITLE	I-ZIP	+					Change	e
TITLE			C DELETE	5.1 HILE 5.2 NAME								
NAME				5.3 STREET	ADDRESS	is						
STREET ADDRESS				5.4 CITY-S		-						
CITY-ST-ZIP			☐ DELETE	6.1 TITLE		+					Change	Addition
TITLE			Ca Peterit	6.2 NAME								_
NAME:				6.3 STREET	CADORESS	s						
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			6.4 CITY-S		~						
CITY-ST-7IP	1			■ U.9 UII 1-3	1-41	1						

14. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90193 008 ***150.00