**PROFIT** 



FLORIDA DEPARTMENT OF STATE

## FILED Mar 09 1998 8:00am

ANNU	DRPORATION NUAL REPORT Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
<ol> <li>Corporation</li> </ol>	MENT # P96000 LEASING CORP.	0052701 (5)	)		E LEGICOL ING SENIO BONI BONI GARN BENIN ARION	Ekina kiziki kacil al	ALGE UNGLUCAL
Principal Place of Business 10847 CHARLESTON PLACE COOPER CITY FL 33026		Mailing Address 1200 CLINT MOORE RD #7 BOCA RATON FL 33487 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 06/10/1006		
2. Principal P 21	Clint Maire Rd.	26. Mailing Address 26. Suite, Apt #, otc. 27.			06/19/1996 4. FEI Number 65-0682582  5. Certificate of Status Desired □	\$8.75	pplied For lot Applicable Additional lequired
City & Stat 23 Do L4 Zip 24 3345	Raton, H	City & State  28  Zip  29	Coun	lry	Election Campaign Financing     Trust Fund Contribution      This corporation owes or has paid the     Personal Property Tax due June 30.	\$5.00 Added current year In	May Be to Fees
120 80	9. Name and Address of Currer RGER, LIANNE DO CLINT MOORE RD., #7 CA RATON FL 33487	2 and 607 1508 Florida Statu	ites, the abo	33 City	poration submits this statement for the purpose	85 Zip	Code
SIGNATURE	Signature typed or pointed name of regetion damp	ं बर्चा क्षेत्र ॥ अधिकाद्यक्रिक (NO	III Registered		ition's board of directors. I hereby accept the a		]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EINGOLD, NANCY 10847 CHARLESTON PLACE COOPER CITY FL 33026	DETER		IE EET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D BERGER, LIANNE 10847 CHARLESTON PLACE COOPER CITY FL 33026	DETELE	1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DETELE	3.1 TITL 3.2 NAN 3.3 STRI	E		Change	Addition
TITLE NAME STREET ADDRESS		DELETE	4.1 TITL 4.2 NAM 4.3 STR	E		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	5.1 T/TU 5.2 NAM 5.3 STR	E EET AODRESS		Change	Addition
TITLE NAME STREET ADDRESS		☐ DELEFE	6.1 TITU 62 NAM 63 STRI	IE EEY ADDRESS		Change	Addition
14. I hereby of indicated officer or	confly that the information supplied wo on this annual report or supplementa director of the corporation of the rece	ith this filing does not qualify if annual report is true and ac eiver or the tee empowered to	for the even	r-ST-ZIP nption stated in that my signaturis report as req	Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made juired by Chapter 607, Florida Statutes; and th	certify that the under oath; th at my name ar	e information nat I am an opears in

b/2/98 (501) 997-5724