**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90144 031 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000057842

1. Corporation COMPET	ITIVE LEASING & SALES, IN	NC.						
Principal Place of Business Mailing Address							***************************************	
2049 W LANDSTREET RD 2049 W LANDSTREET RD								
ORLANDO FL 32809 ORLANDO FL 32809					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	<u> </u>	<u> </u>	
					07/08/1996			J
2 Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number		App	lied For
21		26			59-3392606		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A		
		27		5. Certificate of Citation Desired		Fee Rec	uired	
City & State	•	City & State		6. Election Campaign Financing		\$5.00 N		
23	28				Trust Fund Contribution		Added to	Fees
Zip			Country	1	8. This corporation owes the curre	ent year Inta		⊒No
24	25	29 30	L		Personal Property Tax.  10. Name and Address of New R	enistered i	<u></u>	
	9. Name and Address of Current	Registered Agernt	81	Name	10. Name and Address of New I	.cgiotorea i	- Igoni	
HYNSON, MICHAEL J								
2049 W LANDSTREET RD			82	Street Add	ress (P.O. Box Number is Not Accepta	ible) .		
ORLANDO FL 32809			83					
			84				Total Tin C	a da
				City		FL	85 Zip C	ode
office or re agent. I at	agistered agent, or both, in the State on familiar with and accept the obligation of the state of registered agent	ons of, Section 607.0505, Florida  MICHARL  (NOTE: Reg	Statutes  NSIA  istered Age	the corporations.	poration submits this statement for the ion's board of directors. I hereby accepted when reinstating)  ADDITIONS/CHANGES TO OFF	///8/ DATE	199	
TITLE	P OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO CIT	IOE/(O ///	☐ Change	Addition
	MARCO, DEAN	121						
NAME	2049 W LANDSTREET RD			T ADDRESS				
STREET ADDRESS			1,4 CITY-5	ţ				l
CITY-ST-ZIP			2.1 TITLE	J1-2.II			Change	Addition
NAME	221		2.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	2.4		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE 3.1					Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRE					
CITY-ST-ZIP			3.4. CITY			_		
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	1			Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			54 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 almust poort 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, if on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

407-850-9988

☐ Change

☐ Addition