## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000065131 (0)

	LEASING & HAULEHS, IN					
Principal Plac	e of Business	Mailing Address			r (Bålisan (18 18))n Billi galit dålti abtil	ir massa altas Atras tinas mila) jini 190
8801 WILES RD SUITE 11-305 CORAL GABLES FL 33067		P.O. BOX 6207 SYRACUSE NY 13217		DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified 08/02/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22		26. Mailing Address 26. Suite, Apt. #, etc. 27.		4. FEI Number 65-0693413	Applied For Not Applicable	
				5. Certificate of Status Desired	\$8.75 Additional	
City & Stat	le	City & State	· · · · · · · · · · · · · · · · · · ·	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Count	гу	This corporation owes or has paid the Personal Property Tax due June 30.	ne cu <u>rre</u> nt year I <u>nta</u> ngible
<u></u>	9. Name and Address of Curre		- 1 <u>501</u>		10. Name and Address of New Regist	
BRINKLEY, W. MICHAEL 200 E LAS OLAS BLVD SUITE 1800 FT LAUDERDALE FL 33301		8	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83			
	;		8	4 City		FL 85 Zip Code
office or	registered agent or both in the Sta	502 and 607.1508, Florida Statu ate of Florida, Such change was	ites, the above	e-named corp	oration submits this statement for the purpose	of changing its registered
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida, Such change was ligations of, section 607.0505, f	s authorized t Florida Statut NOTE: Registered	by the corporates.	tion's board of directors. I hereby accept the	appointment as registered
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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 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 for an attachment with an address.

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

DELETE

315-425-6496

Change Addition

**FILED** 

Jul 16 1998 8:00am

Secretary of State