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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000065469 (4)

TROPICAL LEASING OF THE TREASURE COAST, INC.

Principal Place of Business Mailing Address 1654 SE WALTON RD 1654 SE WALTON RD SUITE #C SUITE #C PT ST LUCIE FL 34952 PT ST LUCIE FL 34952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1996 2. Principal Place of Business
11 1593 Niemzyer 4. FEI Number 2a. Mailing Address Applied For 65-0690611 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 GATES, HAROLD C 1654 SE WALTON RD Street Address (P.O. Box Number is Not Acceptable) SUITE #C PT ST LUCIE FL 34952 83 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or pouted name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition COLLARD, RONALD NAME 1.2 NAME 3462 CAUSEWAY BLVD STREET ADDRESS 1.3 STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE GATES, HAROLD C NAME 2.2 NAME 1102 SW CATOLINA ST STREET ADDRESS 2.3 STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-2#P DELETE TITLE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 truster to powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer of director of the corporation or the receiver or truste Block 12 or Block 13 if changed, or on an attachment with

6.4 CITY-ST-ZIP