

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079682 (6)

1. Corporation Name
K.L.C. LEASING, INC.



Principal Place of Business
5811 WOODLAND POINT DRIVE
TAMARAC FL 33319

Mailing Address
5811 WOODLAND POINT DRIVE
TAMARAC FL 33319-6266

3. Date Incorporated or Qualified 09/25/1996
3a. Date of Last Report N/A

2. Principal Place of Business
21 721 North Pine Island Road
Suite, Apt. #, etc.
22 104
City & State
23 Plantation, FL
Zip Country
24 33324 25 USA

2a. Mailing Address
26 721 North Pine Island Road
Suite, Apt. #, etc.
27 104
City & State
28 Plantation, FL
Zip Country
29 33324 30 USA

4. FEI Number 65-0705087
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JONES, KIM A
5811 WOODLAND POINT DRIVE
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name DARREN WALDHOLZ
82 Street Address (P.O. Box Number is Not Acceptable) 721 North Pine Island Road
83 #104
84 City Plantation FL 85 Zip Code 33324

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 Darren Waldholz Darren Waldholz Vice President 4-29-97
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, KIM A	
STREET ADDRESS	5811 WOODLAND POINT DRIVE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALDHOLZ, DARREN	
STREET ADDRESS	5811 WOODLAND POINT DRIVE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KIM JONES	
1.3 STREET ADDRESS	721 North Pine Island Rd, #104	
1.4 CITY-ST-ZIP	Plantation, FL 33324	
2.1 TITLE	V/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Darren Waldholz	
2.3 STREET ADDRESS	721 North Pine Island Rd, #104	
2.4 CITY-ST-ZIP	Plantation, FL 33324	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, or on an attachment with an address.

SIGNATURE: Darren Waldholz Darren Waldholz 4/29/97 (954) 424-2082

CR2E034 (9/96)