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PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90055 012 ***158.75

| 1. Corporation | n Name EASING, INC | | | | | | | | | | |
|--|--|---|---|---|--|------------------------|--|----------------------------------|---------------------------------|---|-----------------|
| N.L.U. LE | EMOING, INC. | | | | | ()00) | 00) 11 3 (31) 0 11) (1 83) (1 0) | | | | |
| | | | | | | | | | | | |
| Principal Place | e of Business | Ma | ailing Address | | | 1 (00) | | 111) 56 ()(63 ()) | * ***** *********** | 10)10 1 01 100 | |
| 721 N PINE ISL | LAND RD. | _ | 1 N PINE ISLAND RD | | | | | | | | |
| SUITE 104 SUITE 104 | | | | | | 1 | DO NOT WRITE IN THIS SPACE | | | | |
| PLANTATION FL 33324 US PLANTATION FL 33324 US US | | | | | | 3. Date Incor | 3. Date Incorporated or Qualifed | | | | |
| 00 | | | • | | | 09/25/1 | • | | | | |
| 2. Principal Pl | lace of Business | 2a. | . Mailing Address | | | 4. FEI Numb | er | | Ap | plied For | |
| 21 | | 26 | | <u> </u> | 65-0705087 | | No | Not Applicable | | | |
| Suite, Apt. #, etc. | | 27 | Suite, Apt. #, etc. | | | 5. Certifcate | of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | ie | | City & State | • | | 6. Election C | Campaign Financing | | \$5.00 | May Be | |
| 23 | | 28 | | | | Trust Fun | d Contribution | | Added | to Fees | |
| Zip | Country | | Zip | Cou | untry | 8. This corpo | oration owes the cur | rent year Ir | _ | | |
| 24 | 25 | 29 | | 30 | | | Property Tax. | Daniet | Yes | □No | |
| | 9. Name and Address of Curre | ent Regis | stered Agent | | 81 Name | 10. Name an | d Address of New | Registered | Agent | | |
| WALL | .DHOLZ, DARREN | | | | | | | | | | |
| | N PINE ISLAND RD | | | | 82 Street A | ddress (P.O. Box No | umber is Not Accept | able) | | | |
| | TE 104 | | | | 83 | | | | | | |
| | NTATION FL 33324 | | | | | | | | 705 | Cada | |
| | | | | | 84 City | | | F | _ 85 Zip (| Code | |
| 11. Pursuant | to the provisions of Sections 607.05 | 502 and 6 | 07 4EOR Florido Stat | | | corporation submits t | his statement for the | purpose o | f changing its | registered | |
| | | 302 and 0 | 07. 1506, Florida Stat | utes, the a | ibove-named o | 5 () 5 % | store I beenly anno | at the same | intmost on ro | aistored | |
| office or re | registered agent or both in the Stat | te of Florid | da. Such change was | authorized | a by the corbor | ration's board of dire | ctors. I hereby acce | pt the appo | ointment as re | gistered | |
| office or re agent. I an SIGNATURE | registered agent, or both, in the Stat am familiar with, and accept the obliq | te of Florid gations of | da. Such change was , Section 607.0505, F | l authorized Florida Stat | a by the corpor cutes. | ration's board of dire | ctors. I hereby acce | рі ше аррі | ointment as re | egistered | |
| office or re agent. I an | registered agent, or both, in the Stat im familiar with, and accept the obliq Signature, typed or printed name of registered a | te of Florions of | da. Such change was , Section 607.0505, F if applicable. (NO | authorized Torida Stat | a by the corpor cutes. | ration's board of dire | ctors. Thereby acce | DATE | Jirunent as re | | (86) |
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| office or reagent. I as SIGNATURE 12. | registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A | te of Florions of | da. Such change was , Section 607.0505, F if applicable. (NO | authorized Torida Stat | d Agent signature rec | ration's board of dire | ctors. Thereby acce | DATE | ND DIRECTO | DRS IN 12 | 34 (11/98) |
| office or reagent. I an SIGNATURE 12. TITLE NAME | registered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A JONES, KIM A | te of Florid gations of agent and title AND DIRE | da, Such change was , Section 607.0505, F if applicable. (NO | TE: Registered | d Agent signature rec | ration's board of dire | ctors. Thereby acce | DATE | ND DIRECTO | DRS IN 12 | |
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| office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A VSD JONES, KIM A 721 N PINE ISLAND RD SUIT PLANTATION FL | te of Florid gations of agent and title AND DIRE | da. Such change was f, Section 607.0505, F if applicable. (NO ECTORS | TE: Registered 13. 1.1 TI 1.2 N. 1.3 S 1.4 CI | d Agent signature rec ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE | ration's board of dire | ctors. Thereby acce | DATE | ND DIRECTO | DRS IN 12 | |
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14. I hereby certify that the information supplied with this filling 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 applicass, with all other like empowered.

SIGNATURE:

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