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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090207

1. Corporation Name

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90072 045 ***150.00

CAPITAL	EQUIPMENT LEASING COM	MPANY							
Principal Place	of Business	Mailing Address				i idalitadi isa satia ausii ausii anti	111 48 151 58 11 4 18	1211 44114 i	DIT 8 DIT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2151 N.E. COA	CHMAN ROAD	2151 N.E. COACHMAN ROAD)						
CLEARWATER FL 33765 CLEARWATER FL 33765						DO NOT WRIT	TE IN THIS !	SPACE	
					-	3. Date Incorporated or Qualifed	10 11 11 10 1	31 MOL	
						10/30/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				NOT APPLICABLE			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
22		27				5. Continuate of Charles Booked			Required
City & Stat	6	City & State				6. Election Campaign Financing			0 May Be
23		28	<u> </u>			Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Country	1		8. This corporation owes the curre		ngible □Yes	□No
24	9. Name and Address of Current		30		1	Personal Property Tax. 10. Name and Address of New R			
	9. Name and Address of Current	r vahizraran whaur	81	Name		IV. Hame and Flacious of How I	g	J:-	
THO	MAS, DAVID B								
2151 N.E. COACHMAN ROAD			82	Street	t Address	s (P.O. Box Number is Not Accepta	ible)		
	ARWATER FL 33765		83	-					
								T. 1 =	
			84	City			FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statutes	s, the above	e-named	d corpora	ation submits this statement for the	purpose of o	changing tment as	its registered
11. Pursuant office or r agent, I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligat	ions of, Section 507.0505, Florid	ua Statutes	s. 		ation submits this statement for the s board of directors. I hereby accep then reinstating)	purpose of on the appoint	changing tment as	its registered registered
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: F	ua Statutes	s. 			DATE		CTORS IN 12
agent. I a	m familiar with, and accept the obligat	t and title if applicable. (NOTE: F	Registered Age	s. 		hen reinstating)	DATE		CTORS IN 12
agent. I a SIGNATURE 12.	m familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: FD DIRECTORS	Registered Age	s. 		hen reinstating)	DATE	D DIREC	CTORS IN 12
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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 supplied to the same legal effect as if made under oath; that I am an officer or director of the corporation or the section of the corporation 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, with all other like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR