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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000092984 (9) DOCUMENT #

1. Corporation Name

PYRAMID LEASING ONE, INC.

## **FILED** Feb 03 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				ı realităti ilă sulia uniti detili aditi aditi uditu idită (ata) 1816 (ata)			
		<del>-</del>							
633 NORTH KROME AVENUE HOMESTEAD FL 33030		633 NORTH KROME AVENUE HOMESTEAD FL 33030							
HOMESTERD IE SOCO		HOMESTERD TE 99000				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						11/13/1996			
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number Applied For			
21		26				65-0721465	<u> </u>	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional	
22		27				5. Certificate of Status Desired		equired	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Coun		,	8. This corporation owes or has paid the cur	renk vear Int	tangible	
24	25	29	30					] No	
	9. Name and Address of Curre			I		10. Name and Address of New Registered	Agent		
					81 Name				
	N KROME AVE								
	MESTEAD FL 33030		82 Street A			Address (P.O. Box Number is Not Acceptable)			
HO	MESTERD PL SSUSU		83						
				"					
				84	Cily		<b>85</b> Zip	Code	
						FL			
11. Pursuant to	the provisions of Sections 607.05	02 and 607,1508, Florid	a Statutes, the	above	e-named	corporation submits this statement for the purpose o oration's board of directors. I hereby accept the app	f changing it	ts registered	
agent. I am	familiar with, and accept the oblig	ations of Section 607.0	505, Florida St	atutes	6.	oration's board of directors. Thereby accept the app	,	, oglotoroa	
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTC Registered Agent signature required when reinstating)  OATE									
12.	<del></del>	<del></del>	13		na signature i	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE					DP	X Change	Addition		
	BRYAN, JAMES A JR			1.2 NAME		Bryan, James A., Jr.	<b>23</b>		
NAME			1.3 \$		ADDDECC.	7840 N.W. 67th Street			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	The state of the s					Miami, Florida 33166	☐ Change	Addition	
TITLE	<b>_</b>			2.1 TITLE			LI CHARGE	□ xogutou	
NAME			•	2.2 NAME					
STREET ADDRESS			2.3		ADDRESS				
CITY-ST-ZIP				CITY-S	ST-ZIP		,		
TITLE		☐ D€(	LETE 3.1	TITLE			☐ Change	Addition	
NAME			3.2	NAME	l				
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP			3.4.	CITY-9	ST-ZIP				
TITLE		☐ DEI		TITLE			☐ Change	☐ Addition	
NAME			4. 2	NAME	l				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE		DEI		TITLE	1 - 211		Change	☐ Addition	
		- PE		NAME	l				
NAME			•		*DDDCGG				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S	I - ZIP		Change	Addition	
TITLE		☐ DEI		TITLE	l		Change	☐ Addition	
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET	ADDRESS				
CITY-ST-ZIP			6.4	CITY-S	T - ZIP				

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 are 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 of 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 changes, on an attachment with an address.