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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011998 (6)

ATLANTIC LEASING, INC.

Principal Place of Business

Mailing Address

FILED Apr 09 1998 8:00am Secretary of State



4545 45TH ST WEST PALM BEACH FL 33407-3001 WEST PALM BEACH FL 33407-3001 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/05/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. Yes Yes 30 24 29 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TREADWELL, KENNETH A **500 S AUSTRALIAN AVE** Street Address (P.O. Box Number is Not Acceptable) 10TH FLOOR WEST PALM BEACH FL 33401 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 Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 Change DELETE 11 TITLE TITLE ZEIGER, STEVE NAME 1.2 NAME 4545 45TH ST STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33407-3001 CITY-ST-7/P 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TIBLE TITLE 3.2 NAME KAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 THTLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ___ Change TITLE DELETE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 it 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:

STEVE ZEIGER

4-2-98 414710606