

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000018018 (6)

1. Corporation Name

PUNTA GORDA LEASING CO.



Principal Place of Business

Mailing Address

232 LIDO DRIVE
PUNTA GORDA FL 33950

232 LIDO DRIVE
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>227 TAYLOR ST.</u> Suite, Apt. #, etc. 22 City & State 23 <u>PUNTA GORDA, FLORIDA</u> Zip Country 24 <u>33950</u> 25 <u>USA</u>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified <u>02/26/1997</u> 4. FEI Number <u>65-0752924</u> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent ABBOTT, ELIOT C 201 SOUTH BISCAYNE BLVD., SUITE 1970 MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name <u>MIKE HORNER</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>222 NESBIT ST.</u> 83 84 City <u>PUNTA GORDA</u> FL 85 Zip Code <u>33950</u>	

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 MIKE HORNER MIKE HORNER DATE 4/14/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<u>D</u>	<input type="checkbox"/> DELETE		1.1 TITLE	<u>VP</u>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>RIVERO, JEANETTE</u>			1.2 NAME	<u>VALLADARES JEANETTE</u>		
STREET ADDRESS	<u>232 LIDO DRIVE</u>			1.3 STREET ADDRESS	<u>227 TAYLOR ST.</u>		
CITY-ST-ZIP	<u>PUNTA GORDA FL 33950</u>			1.4 CITY-ST-ZIP	<u>PUNTA GORDA, FL. 33950</u>		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<u>P</u>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	<u>VALLADARES, BLANCA</u>		
STREET ADDRESS				2.3 STREET ADDRESS	<u>227 TAYLOR ST.</u>		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	<u>PUNTA GORDA, FL. 33950</u>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<u>S</u>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	<u>VALLADARES, IVETTE</u>		
STREET ADDRESS				3.3 STREET ADDRESS	<u>227 TAYLOR ST.</u>		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	<u>PUNTA GORDA, FL. 33950</u>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<u>T</u>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	<u>KACHKAR, AMIN</u>		
STREET ADDRESS				4.3 STREET ADDRESS	<u>227 TAYLOR ST.</u>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<u>PUNTA GORDA, FL. 33950</u>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-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 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 MIKE HORNER JEANETTE RIVERO BLANCA VALLADARES IVETTE VALLADARES AMIN KACHKAR

CR2E034 (10/97)