

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027406

1. Corporation Name

SOUTH FLORIDA LEASE CORPORATION

07-12-1999 90005018 ***150.00
P97000027406

FILED

99 AUG 12 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
7963 BAYSHORE DRIVE 7963 BAYSHORE DRIVE
TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/26/1997 | |
| 4. FEI Number 59-3435565 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 11 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 12 City & State | 27 City & State |
| 13 Zip Country | 28 Zip Country |
| 14 | 29 |

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when re-instating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | BANASINSKY, PETER | 1.2 NAME | |
| STREET ADDRESS | 7963 BAYSHORE DRIVE | 1.3 STREET ADDRESS | |
| ITY-ST-ZIP | TREASURE ISLAND FL 33706 | 1.4 CITY-ST-ZIP | |
| TITLE | VSTD | 2.1 TITLE | |
| NAME | SEBESTIK, GEORGE | 2.2 NAME | |
| STREET ADDRESS | 7963 BAYSHORE DRIVE | 2.3 STREET ADDRESS | |
| ITY-ST-ZIP | TREASURE ISLAND FL 33706 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| ITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| ITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| ITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| ITY-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, with all other like empowered.

SIGNATURE:

BANASINSKY, PETER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2034 (1/98)

AUGUST 4, 1999

SOUTH FLORIDA LEASE CORPORATION
7963 BAYSHORE DRIVE
TREASURE ISLAND, FL 33706

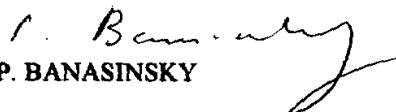
RE NUMBER: P97000027406

TO WHOM THIS MAY CONCERN,

IN REGARDS TO YOUR LETTER DATED JULY 13, 1999. I ALSO SEND A LETTER ALONG WITH THE ANNUAL REPORT AND THE CHECK, STATING THAT WE GOT THE SECOND REQUEST ASKING FOR THE LATE FEE AND THE ORIGINAL DOCUMENT ALL AT THE SAME TIME AND WAY PAST THE DEAD LINE AND DUE DATE.

WE AGAIN RESPECTFULLY REQUEST THAT YOU WAIVE THE LATE FEE, DUE TO THE FACT THAT THIS IS NOT OUR FAULT. WE UNDERSTAND HOW IT CAN HAPPEN. YOUR DEPARTMENT DEALS WITH A LOT OF CORPORATIONS, HOWEVER IT WOULD NOT BE RIGHT TO MAKE US PAY FOR IT. WE ARE LOOKING FORWARD TO YOUR ACCEPTANCE OF OUR REQUEST.

SINCERELY,


P. BANASINSKY