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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000029859 (0) **DOCUMENT #**

COMPUTER LEASING ASSOCIATES, INC.

Mailing Address

FILED May 21 1998 8:00am Secretary of State



Principal Place of Business * BRUCE JAY TOLAND. ESO. SPRUCE JAY TOLAND. ESO. 801 BRICKELL AVENUE. SUITE 1501 801 BRICKELL AVENUE. SUITE 1501 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 03/31/1997 2. Principal Place of Business Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Žip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 24 29 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TOLAND, BRUCE J **801 BRICKELL AVENUE** Street Address (P.O. Box Number is Not Acceptable) SUITE 1501 83 MIAM! FL 33131 City Zip Code 85 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 (NOT) - Registered Agent signature required when reinstating) Signature, typind or printed name of resistencid agent and title Lapplicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE BLANK, JOSHUA 1.2 NAME NAME % 801 BRICKELL AVENUE, SUITE 1501 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE **BLANK, RONNI** 2.2 NAME NAME % 801 BRICKELL AVENUE, SUITE 1501 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 2. 4 CITY - S1 - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE NOLAN, JAMES Q 3.2 NAME NAME % 801 BRICKELL AVENUE, SUITE 1501 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6 1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 disago empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or trus Block 12 or Block 13 if changed, or on an attachment with iddress.

5-15-98

(305) 666 7270