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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036021 (8)

1. Corporation Name

ATLANTIC LEASE SERVICE, INC.

Principal Place of Business

Mailing Address

555 SOUTH FEDERAL HIGHWAY, SUITE 400
BOCA RATON FL 33432

555 SOUTH FEDERAL HIGHWAY, SUITE 400
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1997

4. FEI Number

65-0745676

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 440 S. FEDERAL HWY

26 440 S. FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 102

27 STE 102

City & State

City & State

23 DEERFIELD BEACH

28 DEERFIELD BEACH

Zip

Zip

Country

Country

24 33441

25 BROWARD

29 33441

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMILTON, BRENDA L
555 SOUTH FEDERAL HIGHWAY, SUITE 400
BOCA RATON FL 33432

81 Name JOHN F. GALLAGHER

82 Street Address (P.O. Box Number is Not Acceptable)
440 S. FEDERAL HWY, STE 102

83

84 City DEERFIELD BEACH, FL 85 Zip Code 33441

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 *John F. Gallagher* JOHN F. GALLAGHER, PRES.

4-27-98

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME GALLAGHER, JOHN F
STREET ADDRESS 555 SOUTH FEDERAL HIGHWAY, SUITE 400
CITY-ST-ZIP BOCA RATON FL 33432

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME GALLAGHER, JOHN F.
1.3 STREET ADDRESS 440 S. FEDERAL HWY, STE 102
1.4 CITY-ST-ZIP DEERFIELD BCH, FL 33441

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VID ☐ Change ☒ Addition
2.2 NAME BROWN, ROBERT J.
2.3 STREET ADDRESS 440 S. FEDERAL HWY, STE 102
2.4 CITY-ST-ZIP DEERFIELD BCH, FL 33441

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 *John F. Gallagher* JOHN F. GALLAGHER, PRES. 4/27/98

CR2E034 (10/97)