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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000049030 (4)

DISS LEASING CORP

	LASING CORF									
Principal Plac	e of Business	Ma	iling Address							B TOOM BUILDER
350 CAMINO GARDENS BLVD. SUITE 200			350 CAMINO GARDENS BLVD. SUITE 200							
BOCA RATON FL 33432		BC	BOCA RATON FL 33432			DO NOT WRITE	IN THIS S	PACE		
							3. Date Incorporated or Qualified			
6 Ortopinal O	Place of Business	1 22	Mailing Address				06/04/1997 4. FEI Number			I
— '	nace of Business	ļ <u>-</u>	Maling Address				45.075817°	١,	-	Applied For
Sulte, Apt.	# etc	26	Suite, Apt. #, etc.				49.043614	<u> </u>	60.7	Not Applicable 5 Additional
22	n, 010.	27	oune, Apr. #, olo.				5. Certificate of Status Desired		•	Regulred
City & State	e		City & State				6. Election Campaign Financing			00 May Be
23		28					Trust Fund Contribution			ed to Fees
Žip	Count	try	Zip	Coun	ntry		8. This corporation owes or has pa	aid the curr	ent year	Intangible
24	25	29		30			Personal Property Tax due June		Yes	□ No
	9. Name and Addr	ress of Current Regist	ered Agent		-aT		10. Name and Address of New Re	gistered A	gent	
AM	IERILAWYER CHART	ERED		ļ,	81 1	Name				
	3 ALMERIA AVENUE			į.	82 3	Street Add	ress (P.O. Box Number is Not Acceptate	ole)	•	
co	RAL GABLES FL 33	134								
				,	83					
				ī	84 (City		C I	85 2	ip Code
44 Durauant	to the provisions of Co.	otions 607 0602 and 60	7 1609 Florida Ctatut	on the ob-	nuo n	anned one	position submits this statement for the	FL	changin	o ito societorod
office or r	egi ste red agent, or bot	th, in the State of Florid	a. Such change was a	es, the au authorized	by th	he corpora	poration submits this statement for the p tion's board of directors. I hereby acce	pt the appo	pintment	as registered
_	im f am iliar with, and ac	cept the obligations of,	Section 607.0505, Flo	orida Statu	ites.					
SIGNATURE										
	Signature, typed or printed par	no of registered appear and little if	Langlicable (NOT)	f Registered	Agent	Scoolure requi	red when reinstating)	DATE		
12.		no of registered agent and life if OFFICERS AND DIREC		E Registered	Agent	signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DERS AND	DIRECT	FORS IN 12
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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 supplicipental and hal report is true and according 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 of the receiver or trusted 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 attaching it with an address.

FILED

Apr 28 1998 8:00am

Secretary of State