PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000058419 1. Corporation Name

RONI LEASING, INC.

Oringinal	Diese	-f	Pusinosa
Principal	riace	u	Business

390 N. ORANGE AVE.

STE 2100

Mailing Address

390 N. ORANGE AVE.

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90037 043 ***150.00



DO NOT	WRITE	IN THIS	SPACE

	2N(1)							
ORLANDO FL 32			ORLANDO FL 32801			3. Date Incorporated or Qualifed	=	
			1 a 1 a 1 b 1 b 1 a 1 a 1 a 1 a 1 a 1 a			07/03/1997 4. FEI Number	App	lied For
2. Principal P	lace of Business		2a. Mailing Address					Applicable
21			26			59-3457985	\$8.75 Ac	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Req	
City & Stat	te	-	City & State			6. Election Campaign Financing	\$5.00 M	lay Be
23			28			Trust Fund Contribution	Added to	Fees
Zip		Country	Zip	Country	y	8. This corporation owes the current year Intang		_ 1
24	25		29	30		1 dischari reporty ram		□No
	9. Name and	1 Address of Curren	t Registered Agent		_	10. Name and Address of New Registered Ag-	ent	
		- ·· - ·		81	I Name			
PRINGLE, WILLIAM B III,PA			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	n. Orange av	/ENUE						
STE :	2100			83	3			
ORLA	ANDO FL 3280	1		84	City		85 Zip Co	nde
				64	City	FL i	2,00	~~
office or r	registered agent	or both in the State i	2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flori	JINONZEO DV	, me corpo	corporation submits this statement for the purpose of characteristics of directors. I hereby accept the appointment of the control of the con	anging its r ent as regi	egistered stered
SIGNATURE	Signature, typed or pr	nnted name of registered agen	nt and title if applicable. (NOTE:	Registered Age	ent signature re	quired when reinstating) DATE		
12.		OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P		ADELETE	1.1 TITLE] Change	XXXAddition
NAME	HARGER, MIC	CHAEL T		1,2 NAME		William R. Harger	"01	
STREET ADDRESS	DOO N. OBAN	IGE AVE., SUITE 2	100	1.3 STREE	T ADDRESS	390 N. Orange Ave., Ste	. #ZI	ן טט
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-S	ST-ZIP	Orlando, FL 32801		
TITLE			☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME				2.2 NAME	1			
STREET ADDRESS								
CITY-ST-ZIP				2.3 STREE	1			
	1				ETADORESS		<u>~</u>	<u></u>
	_		DELETE	_ 2.3 STREE 2.4 СПУ- 3.1 TITLE	ST-ZIP		Change	Addition
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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.