## FILE NOW: FILING FEE AFTER MAY 1ST IS \$5,50.00.

, PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000066816

3941 LEASING COMPANY, INC.

00 t : 12								
Principal Place of Business Mailing Address								
•	<del>-</del>							
6280 NW 104TH		6280 NW 104TH WAY PARKLAND FL 33076						
PARKLAND FL 33076 PARKLAND FL :						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		Y
		<u></u>				08/01/1997	<del></del>	P. 4 C
2. Principal Place of Business 2a. Mailing A			g Address			4. FEI Number	<del></del>	lied For
21	,	26				59-3460738		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Red	
22		27						·
City & State		City & State				6. Election Campaign Financing	\$5.00 r Added to	• (
23		28				Trust Fund Contribution		/ rees
Zip ·	Country	Zip		untry		8. This corporation owes the current year	r intangible ☐ Yes	Mo' .
24 .	25	29	30			Personal Property Tax.  10. Name and Address of New Registe		-
	9. Name and Address of Curr	ent Registered Agent		04	Nama	10. Name and Address of New Registe	eu Agent	-
		•		81	Name			
GERBER, LLOYD				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	NW 104TH WAY						3 4 1 1 1 1 1 D.	10. + 30.
PARI	KLAND FL 33076			83		1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		的關於
				84	City	4 - 4 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	85 Zip C	ode
-	- '-			i I	•	poration submits this statement for the purpos		
SIGNATURE	m familiar with, and accept the obling signature, typed or printed name of registered a	,				red when reinstating) DAT		
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	Addition
TITLE	PVST	☐ DELETE	1.1	TITLE		t 12 (17 (17)	Change	- Addison
NAME.	GERBER, LLOYD		1.21	VAME				ļ
STREET ADDRESS	6280 NW 104TH WAY		1.33	STREET	T ADDRESS			
CITY-ST-ZIP	PARKLAND FL 33076		1.4 (	CITY-S	T- ZIP			Addition
TITLE	D	☐ DELETE	2.1	TITLE			Change	L. Addition
NAME .	GERBER, LLOYD		2.2	NAME			•	
STREET ADDRESS	SHAL 40 4711 14/41/		2.3	STREET	TADDRESS	•		
CITY-ST-ZIP	PARKLAND FL 33076	• .	2.4	CITY-S	ST-ZIP			
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NAME			3.2	NAME			•	
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CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP		* ***	
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CITY-ST-ZIP			4.4	CITY-S	ST-ZIP			CT A nied.
TITLE		☐ DELETE	5.1	TITLE			Change	☐ Addition
NAME .			5.2	NAME			· .	
STREET ADDRESS			5.3	STREE	T ADDRESS			
CITY-ST-ZIP	Î ·		5.4	CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1	TITLE			☐ Change	Addition
NAME	,		6.2	NAME				•
I MATERIAL TO A STATE OF THE ST			6.3	CTDEC	TADDRESS			

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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.

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90027 010 \*\*\*158.75