

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90046 025 ***150.00

DOCUMENT # P97000075075

1. Corporation Name

NICORE EQUIPMENT & LEASING, INC. ✓

Principal Place of Business

3218 West Parkland Blvd.
Tampa, FL 33609-4638

Mailing Address

3218 West Parkland Blvd.
Tampa, FL 33609-4638

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8/28/97

4. FEI Number

59-3464890 ✓

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5415 NW 24th Street

Suite, Apt. #, etc.

22 Suite 102

City & State

23 Margate, FL

Zip

24 33063

Country

25 US

2a. Mailing Address

26 5415 NW 24th Street

Suite, Apt. #, etc.

27 Suite 102

City & State

28 Margate, FL

Zip

29 33063

Country

30 US

9. Name and Address of Current Registered Agent

Gassman, Alan S.
1245 Court Street
Suite 102
Clearwater, FL

10. Name and Address of New Registered Agent

81 Name

Rowe, James C.

82 Street Address (P.O. Box Number is Not Acceptable)

100 2nd Avenue South

83

Suite 400N

84 City

St. Petersburg

FL

85 Zip Code

33701

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

James C. Rowe, Esq.

4/28/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME Kittay, Michael J.
STREET ADDRESS 3218 West Parkland Blvd.
CITY-ST-ZIP Tampa, FL 33609-4638

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME Harbour, Robert M.
1.3 STREET ADDRESS 2302 West Swann Avenue
1.4 CITY-ST-ZIP Tampa, FL 33609

2.1 TITLE S/T ☐ Change ☒ Addition
2.2 NAME LaBarbera, Gigi
2.3 STREET ADDRESS 2302 West Swann Avenue
2.4 CITY-ST-ZIP Tampa, FL 33609

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Smith, Trevor G.
3.3 STREET ADDRESS 2302 West Swann Avenue
3.4 CITY-ST-ZIP Tampa, FL 33609

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Hood, Stephen R.
4.3 STREET ADDRESS 2302 West Swann Avenue
4.4 CITY-ST-ZIP Tampa, FL 33609

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE: *Gigi LaBarbera*

Gigi LaBarbera, Secretary

4/28/99

813/259-0348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)