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

PROFIT CORPORATION "ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Siale

DIVISION OF CORPORATIONS

DOCUMENT #

P97000082999 (8)

HAMPSHIRE LEASING & FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
8949 SE BRIDGE ROAD SUITE 116 HOBE SOBE FL \$3455	8949 SE BRIDGE ROAD SUITE 116 HOBE SOBE FL 33455
HOBE SOBE FL \$3455	HOBE SOBE FL 33455

FILED Jun 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>09/25/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Numbe 21 Not Applicable Sulte, Apt. #, étc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DANIELS, MARK 8949 **8E** BRIDGE ROAD 62 Street Address (P.O. Box Number is Not Acceptable) SUITE#116 83 HOBE SOBE FL 33455 84 City Zip Code 85 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 (NOTE_Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRES - DIRECTOR - Reg ASENT DELLE TITLE 11 TIME Change Addition DO NOT DELLE 2 NAME MARK DANIELS NAME 8949 GE BRIDGE Pd, State 116 STREET ADDRESS 1.3 STREET ADDRESS HOBE SOUND, Fl. 33455 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TiTLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-\$1-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-2IP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE Change 2**0**000025794**9**2 NAME 6.2 NAME -07/02/98--01003--0**20** STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6.4 CITY - ST - 7IP

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 cha mkwith an address.

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