

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 9/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000102588

1. Corporation Name

LTI VEHICLE FINANCE CORP.

Principal Place of Business

C/O LEASING TECHNOLOGY, INC.
5713 CORPORATE WAY, SUITE 200
WEST PALM BEACH FL 33407

Mailing Address

C/O LEASING TECHNOLOGY, INC.
5713 CORPORATE WAY, SUITE 200
WEST PALM BEACH FL 33407

FILED
99 AUG 12 AM 10:03

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified
12/05/1997

4. FEI Number

65-0807473

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. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

FURMAN, JACK
1750 E SUNRISE BV
FT LUD FL 33304

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

JACK A. FURMAN
(NOTE: Registered Agent signature required when reinstating)

7/28/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAHAM, ANTHONY L	
STREET ADDRESS	C/O LEASING TECHNOLOGY, INC.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHORL, C T	
STREET ADDRESS	5713 CORPORATE WAY, 200	
CITY-ST-ZIP	WPB FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LUTZ, C W	
STREET ADDRESS	5713 CORPORATE WAY, 200	
CITY-ST-ZIP	WPB FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PROCTOR, N	
STREET ADDRESS	5713 CORPORATE WAY, 200	
CITY-ST-ZIP	WPB FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAURONER, S	
STREET ADDRESS	5713 CORPORATE WAY, 200	
CITY-ST-ZIP	WPB FL	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	WEISHEIT, D	
STREET ADDRESS	5713 CORPORATE WAY	
CITY-ST-ZIP	WPB FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE X

7-28-99

CR2E034 (5/99)

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