FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90130 045 ***150.00

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

₽PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000103795

1. Corporation Name

CLASSIC MOTORCARS LEASING, INC.

							[8815881 [88 1864] [881] 8841] 8841] 88411 8844 [1811 8		E 18181 SILL LEGI
Principal Place of Business Mailing Address									
500 PALM STREET 500 PALM STREET									
SUITE 29 SUITE 29			101				DO NOT WRITE IN THIS	SPACE	
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401						-	Date Incorporated or Qualifed		
							12/08/1997		
A Driver of Di	-as of Business	2a. Mailing Address					4 FEI Number	T A	Applied For
<u> </u>	ace of Business						65-0805761	 	lot Applicable
21	1	Suite, Apt #, etc		-		·	03 0003701		Additional
Suite, Apt	#, etc	 1)	 Certificate of Status Desired 	*	Required
22 Situ & Chat		City & State	-			-	6. Election Campaign Financing	\$5.00	May Be
City & State	ę.	 1				Trust Fund Contribution		to Fees	
23	Country	28 Zip	Cou	intry		-	8. This corporation owes the current year Int		
Zip	· ·	├ ┐ '	30	,,,,			Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Current	Pagistared Agent	30			1	Name and Address of New Registered	Agent	
	9. Name and Address of Current	Registered Agent		81	Name	 -	NO. Traine Bija race oce or read programme		
REEL	R. JERALD S								
515 NORTH FLAGLER DR., STE. 1800 WEST PALM BEACH FL 33401				82	Street A	Address	(P.O. Box Number is Not Acceptable)		[
				0.3	_				
WES	FALM BEACH FE 33401			83					İ
				84	City			85 Zip	Code
				L			FL		
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508, Florida Statute	es, the a	bove d by	e-named o	corporat	tion submits this statement for the purpose of board of directors. I hereby accept the appoi	changing it ntment as r	.s registered realistered
agent La	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Stat	utes		, and i	board of Gradional Francisco and Espera		
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered	Agen	t signature re	quired whe	en reinstating) DATE		
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	्राः⊤।	JJT.				Change	noiltibA 🗌 😑
NAME	MARINO, ANTHONY		12 N	AME					
STREET ADDRESS	500 PALM STREET, SUITE 29		13.5	TREET	ADDRESS				1
CITY-ST-ZIP	WEST PALM BEACH FL 33401		140	เสษารา	I-ZIP				
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NAME	MARINO, BOBBIE		22 N	AME	}				1
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CITY-ST-ZIP	WEST PALM BEACH FL 33401		1	ITY S	ì				
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NAME			52 N						
STREET ADDRESS			N N		ADDRESS				
CITY-ST-ZIP			_ A	ITY-S	t-zip		<u></u>		
TITLE		☐ DELETE	61T	MLE	j			Change	e 🔲 Addition

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.

63 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF