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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000106874

FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90195 019 ***150.00

STAR AUTO LEASING & SALES, INC.								- i (86)(86) (16 16)	 	IN 1111 2 H 4 0 I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Principal Place	e of Busines:	5	Ma	iling Address		_		1 (##((##) ((# (#)		137 08(8) 1183) 1	18(12 B(18) 18)1	(981) 818) 1891	
4296 N.E. 7 AVENUE OAKLAND PARK FL 33334				6 N.E. 7 AVENUE KLAND PARK FL 3333	14			_					
									NOT WRIT	-	SPACE		1
				The state of the s				3 Date Incorporated 12/22/1997	or Qualifed				· ·
Principal Place of Business 21			2a. Mailing Address 26 5970 FUNSTON			ST.		4. FEI Number 65-0807749				oplied For ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Statu	s Desired		•	Additional equired	
City & State			City, & State 28 HOLLYWOOD FLA			FLA		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip 24		Country 25	29	^{Zip} 33013	Cou	ntry	0	This corporation of Personal Property		ent year int	angible Yes	□No	
	9. Name	and Address of Curre	nt Regist	ered Agent				10. Name and Addre	ss of New R	egistered .	Agent		
7 4 F(ONTE JOS	FPH			_	81 Name							
zafonte, Joseph 4296 n.e. 7 avenue			·			82 Street	Addres	ss (P.O. Box Number is	Not Accepta	ible)			
ÇAK	LAND PAR	K FL 33334				83							
						84 City				FL	85 Zip	Code	
11. Pursuant office or re	to the provis	ions of Sections 607.050 ent, or both, in the State th, and accept the obliga	02 and 60 of Florida	07.1508, Florida Stati a. Such change was Section 607.0505, F	utes, the a authorized	ove-named by the corportes.	corporation	ation submits this state 's board of directors. I h	ment for the ereby accep		changing its	registered egistered	
SIGNATURE			4 ,,									متعقدتني والربد يبديد	(
					TE: Desistered	Ant nignature r	omirad u	then reignitation)		DATE		 '	۔ ا
12	Signature, typed	or printed name of registered age				Agent signature r	equired w		GES TO OF	DATE FICERS AN	ID DIRECTO	DRS IN 12	ó
12.		or printed name of registered age OFFICERS AI			TE: Registered 13.		equired w	ADDITIONS/CHAN	GES TO OF		D DIRECTO	ORS IN 12	141/00)
TITLE	D D	OFFICERS AI		CTORS	13.	le .	equired w		GES TO OF				1441001
TITLE NAME	D ZAFONTE	OFFICERS AI		CTORS	13. 1.1 TI 1.2 N/	le .	equired w		GES TO OF				7007 /44 (00)
TITLE NAME STREET ADDRESS	D ZAFONTE 4296 N.E	OFFICERS AI , JOSEPH . 7 AVENUE		CTORS	13. 1.1 TI 1.2 N/ 1.3 ST	LE ME	P/		GES TO OF				00E004 (44,000)
TITLE NAME	D ZAFONTE 4296 N.E	OFFICERS AI		CTORS	13. 1.1 TI 1.2 N/ 1.3 ST	LE ME REET ADDRESS TY-ST-ZIP	P)		GES TO OFF				CD017004 /44 /00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAFONTE 4296 N.E	OFFICERS AI , JOSEPH . 7 AVENUE		CTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI	LE ME REET ADDRESS TY-ST-ZIP	P)		GES TO OF		Change	Addition	/DOTEON /44 MON
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH . 7 AVENUE		CTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/	LE ME REET ADDRESS TY-ST-ZIP	P)		GES TO OF		Change	Addition	VD0E004 /44 inov
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH . 7 AVENUE		CTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1	LE ME REET ADDRESS TY-ST-ZIP LE ME	P)		GES TO OF		Change	Addition	CD2E024 (44,00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH . 7 AVENUE		CTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	P)		GES TO OF		Change	Addition	VDDE004 /44 mon
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH . 7 AVENUE		CTORS DELETE	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	P)		GES TO OF		Change	☐ Addition	VDDCT004 /44 (00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	*D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH . 7 AVENUE		CTORS DELETE	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	P/		GES TO OF		Change	☐ Addition	(00) 144 (00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	*D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH . 7 AVENUE		CTORS DELETE DELETE	13. 1.1 TT 1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 CC 3.1 TT 3.2 NV 3.3 S1	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME	P)		GES TO OF		Change Change Change	Addition	VD0T004 /44/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	*D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH . 7 AVENUE		CTORS DELETE	13. 1.1 TT 1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 CC 3.1 TT 3.2 NV 3.3 S1	LE ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	P		GES TO OFI		Change	☐ Addition	(00)17/1/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	*D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH , 7 AVENUE		CTORS DELETE DELETE	13. 1.1 TT 1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 .C	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP	P		GES TO OFI		Change Change Change	Addition	VDDE004 /44/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	*D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH , 7 AVENUE		CTORS DELETE DELETE	13. 1.1 TT 1.2 NV 1.3 S1 1.4 CC 2.1 TT 2.2 NV 2.3 S1 2.4 CC 3.1 TI 3.2 NV 3.3 S1 3.4 CC 4.1 TT 4.2 N	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP	P)		GES TO OF		Change Change Change	Addition	VD0E004 (44/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	*D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH , 7 AVENUE		DELETE DELETE DELETE	13. 1.1 TT 1.2 NV 1.3 S1 1.4 CC 2.1 TT 2.2 NV 2.3 S1 2.4 CC 3.1 TI 3.2 NV 3.3 S1 3.4 CC 4.1 TT 4.2 NV 4.3 S1 4.4 CCI 4	LE ME REET ADDRESS YY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS YY-ST-ZIP	P/		GES TO OF		Change Change Change Change	Addition Addition	V00144/ 44/000
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	*D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH , 7 AVENUE		CTORS DELETE DELETE	13. 11 TT 12 NV 13 ST 14 CC 21 TT 22 NV 23 ST 2 4 CC 3.1 TT 32 NV 33 ST 34 .C 4.1 TT 4.2 NV 4.3 ST 4.4 CC 5.1 TT	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE	P,		GES TO OF		Change Change Change	Addition	VOD-144100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH , 7 AVENUE		DELETE DELETE DELETE	13. 11 TT 12 NV 13 ST 14 CC 21 TT 22 NV 23 ST 2 4 C 3.1 TT 32 NV 33 ST 34 C 4.1 TT 4.2 N 4.3 ST 44 CC 5.1 TT 5.2 NV	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE MME	P/		GES TO OF		Change Change Change Change	Addition Addition	V00147/ 1/001000
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH , 7 AVENUE		DELETE DELETE DELETE	13. 1.1 TT 12 NV 1.3 S1 1.4 CC 2.1 TT 2.2 NV 2.3 S1 2.4 CC 3.1 TI 3.2 NV 3.3 S1 3.4 CC 4.1 TT 4.2 NV 4.3 S1 4.4 CCI 5.1 TT 5.2 NV 5.3 S1	LE ME REET ADDRESS YY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS YY-ST-ZIP LE MME REET ADDRESS YY-ST-ZIP LE MME REET ADDRESS	P.		GES TO OF		Change Change Change Change	Addition Addition	VODULA 1441001
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH , 7 AVENUE		DELETE DELETE DELETE	13. 1.1 TT 12 NV 1.3 S1 1.4 CC 2.1 TT 2.2 NV 2.3 S1 2.4 CC 3.1 TI 3.2 NV 3.3 S1 3.4 CC 4.1 TT 4.2 NV 4.3 S1 4.4 CC 5.1 TT 5.2 NV 5.3 S1 5.4 CC	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	P.		GES TO OF		Change Change Change Change	Addition Addition Addition Addition	(44,00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ZAFONTE 4296 N.E OAKLANI	OFFICERS AI , JOSEPH , 7 AVENUE		DELETE DELETE DELETE	13. 1.1 TT 12 NV 1.3 S1 1.4 CC 2.1 TT 2.2 NV 2.3 S1 2.4 CC 3.1 TI 3.2 NV 3.3 S1 3.4 CC 4.1 TT 4.2 NV 4.3 S1 4.4 CCI 5.1 TT 5.2 NV 5.3 S1	LE ME REET ADDRESS YY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS YY-ST-ZIP LE ME REET ADDRESS	P.		GES TO OF		Change Change Change Change	Addition 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 or than attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: