

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
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90010 036 ***550.00

DOCUMENT # P97000109169

1. Corporation Name

FLORIDA INTERMODAL LEASING, INC.

Principal Place of Business Mailing Address
~~6520 SW 131 STREET~~ ~~6520 SW 131 STREET~~
~~MIAMI, FL 33156~~ ~~MIAMI, FL 33156~~
17655 SW 80th Ct 17655 SW 80th Ct
MIAMI, FL 33157 MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 17655 SW 80 COURT	26 17655 SW 80 COURT	JANUARY 1, 1998	65-0906817	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State	City & State	7. This corporation owes the current year intangible Personal Property Tax.	Yes No	
23 MIAMI, FL	28 MIAMI, FL			
Zip Country	Zip Country			
24 33157 25 USA	29 33157 30 USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERRY J. FORMAN
1521 SW LEJEUNE ROAD
CORAL GABLES, FL 33134

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP		6.1 TITLE	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

Susan Patterson