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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90184 045 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000005238

1. Corporation Name
NATIONWIDE CAPITAL & LEASING, INC.



Principal Place of Business
**9167 RAMBLEWOOD DRIVE
#414
CORAL SPRINGS FL 33071**

Mailing Address
**9167 RAMBLEWOOD DRIVE
#414
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

65-0807436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 11420 NORTHWEST 56 DRIVE

Suite, Apt. #, etc.

22 9-107

City & State

23 CORAL SPRINGS FL 33071

Zip

24 33076

Country

25 USA

2a. Mailing Address

26 11420 NORTHWEST 56 DRIVE

Suite, Apt. #, etc.

27 9-107

City & State

28 CORAL SPRINGS FL

Zip

29 33076

Country

30 USA

9. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **LAGGAN, RICHARD**
STREET ADDRESS **9167 RAMBLEWOOD DR, #414**
CITY-STATE-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☒ DELETE

NAME **LAGGAN, BETH**
STREET ADDRESS **9167 RAMBLEWOOD DR, #414**
CITY-STATE-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **LAGGAN, RICHARD**

1.3 STREET ADDRESS **11420 NORTHWEST 56 DRIVE #9-107**

1.4 CITY-STATE-ZIP **CORAL SPRINGS FL 33076**

2.1 TITLE **V. PRES.** ☒ Change ☐ Addition

2.2 NAME **LAGGAN, BETH**

2.3 STREET ADDRESS **11420 NORTHWEST 56 DRIVE #9-107**

2.4 CITY-STATE-ZIP **CORAL SPRINGS FL 33076**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-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:

Richard Laggan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

954-255-6303
Daytime Phone #

CR2E034 (11/98)

01/89002