

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  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90046 033 \*\*\*150.00

DOCUMENT # P98000009749

1. Corporation Name

DIVERSIFIED LEASING SERVICES, INC.

Principal Place of Business

301 YAMATO ROAD  
SUITE 2198  
BOCA RATON FL 33431

Mailing Address

301 YAMATO ROAD  
SUITE 2198  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1998

4. FEI Number

65-0839016

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 980 N. FEDERAL HWY

2a. Mailing Address

26 980 N. FEDERAL HWY

Suite, Apt. #, etc.

22 SUITE 206

Suite, Apt. #, etc.

27 SUITE 206

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

24 33432

Country

25 USA

Zip

29 33432

Country

30 USA

9. Name and Address of Current Registered Agent

LEVINE, COREY E  
301 YAMATO ROAD  
SUITE 2198  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

COREY E. LEVINE

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

980 N. FEDERAL HWY

83

SUITE 206

84 City

BOCA RATON

FL

85 Zip Code

33432

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

COREY E. LEVINE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAFFA, EUGENE JR	
STREET ADDRESS	C/O 301 YAMATO ROAD STE 2198	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVINE, COREY JR	
STREET ADDRESS	C/O 301 YAMATO ROAD STE 2198	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	980 N. FEDERAL HWY, # 206
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COREY E. LEVINE
2.3 STREET ADDRESS	980 N. FEDERAL HWY # 206
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432
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, with all other like empowered.

SIGNATURE:

COREY E. LEVINE

Date

Daytime Phone #

CR2E034 (11/98)