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

DOCUMENT # P98000009955

1. Corporation Name

ADAM TAYLOR LEASING, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90127 025 ***158.75



					9951 08 511 19 141 08 41	 	41181 8111 1881	
Principal Place of Business	Mailing Address							
4800 NORTH FEDERAL HIGHWAY	4800 NORTH FEDERAL HIGHM	VAY				,		
SUITE 210-A BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE				
			3. Date I	ncorporated or Qua	lifed		ļ	
			01/29	9/1998				
2. Principal Place of Business	2a. Mailing Address		4. FEI No			Apr	plied For	
21 2410 NW 49TH LANE	26 2410 NW 4	19TH LANE	65	-08150k	דנ	Not	t Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifo	ate of Status Desire	ed 💢	\$8.75 A Fee Red		
22	27					<u> </u>	`	
City & State	City & State	<u> </u>			cing	\$5.00 i	* 1	
23 BOCA RATON FL	28 BOCA RATON		Fund Contribution	· · · · · · · · · · · · · · · · · · ·		31 865		
Zip Country	Zip	Country PALM BEAN		orporation owes the nal Property Tax.	: current year ir		□No	
24 33431 25 FALM BEACH	29 3343 30	PALM BEAN	10 Name	and Address of N	lew Registerer			
9. Name and Address of Curren	t Registered Agent	81 Name	10. Name	<u> </u>	A			
MOORE W RODGERS				= KASSAN	<u> </u>			
4800 NORTH FEDERAL HIGHWAY			82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 210-A		83	410 Nu) 49 TH	LANE			
BOCA RATON FL 33431		84 City	710 700			85 Zip C	Code	
		' '	SOCA RA	TON	FI		Code 43/	
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named	corporation submi	its this statement for directors. I hereby	ir the purpose o accept the appr	of changing its i ointment as rec	registered gistered	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation	tions of, Section 607.0505, Florida	a Statutes.	Siddon's Board of				,	
T	^							
Signature, typed or printed name of registrated agen	and ute if applicable (NOTE: Re	gistered Agent signature re			DATE			
·-·	D DIRECTORS	13.	ADDITI	ONS/CHANGES TO	OFFICERS A	Change	Addition	
TITLE D	DELETE	1.1 TITLE	ALAN !	GRASSANO JW 49TH)	Crialige	Addition	
NAME MOORE, W. RODGERS		1.2 NAME	א פוענ	JW 49TH	LANE			
STREET ADDRESS 4800 NORTH FEDERAL HIGHW	/AY, SUITE 210-A	1.3 STREET ADDRESS		RATON F	1 22/	121		
CITY-ST-ZIP BOCA RATON FL 33431		1.4 CITY-ST-ZIP	BOCA I	MION P	U 259	☐ Change	Addition	
TITLE	☐ DELETE	2.1 TITLE				☐ Citalige	Addition	
NAME		2.2 NAME					İ	
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP		2.4 CITY-ST-ZIP			 			
TITLE	☐ DELETE	3.1 TITLE			•	☐ Change	☐ Addition	
NAME		3.2 NAME					Į	
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY- ST- ZIP						
TITLE	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS		•				
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
τιπ.Ε	☐ DELETE	5.1 TITLE			•	Change	Addition	
NAME	ļ	5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY- ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME	!	6.2 NAME						
STREET ADDRESS	1	6.3 STREET ADDRESS	Ì)	
I								

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 exportation 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 3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP