## 2004 FOR PROFIT CORPORATION ANNUAL REPORT UMENT # P98000017174

FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # P98000017174  1. Entity Name LEASING TECHNOLOGY, INC.					04-26-2004 90516 012 ***150.00			
Principal Plac	e of Rusiness	Mailing Address			- 10	400 <b>0</b> 0		
ATTN: PAM WEINER		ATTN:-PAM WEINER		· ·				
1750 E. SUNRISE BLVD.		1750 E. SUNRISE BLVD.						
FT. LAUDERD	ALE, FL 33304	FT. LAUDERDALE, FL 3330	04				11878 BI 11 1886	
		T						
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				000000		
	*	''		04072004	Chg-P	CR2E034 (10/03	) 	
City & Stat	e	City & State		4. FEI Numb		<del></del>	Applied For	
			~	59-20°	10247		lot Applicable	
Zip	. Country	Zip	Country	5. Certificate	of Status Desired	☐ <b>\$8.75</b> A Fee Requi		
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New			
				Name				
-BALLOT, ALISSA E→			Stroot Ad	Daugherty, St. John Street Address (P.O. Box Number is Not Acceptable)				
+4750 EAST SUNRISE BLVD -FORT-LAUDERDALE, FL 33394			Street Address (P.O. Box Number is Not Acceptable)  1750 East Sunrise Blvd.					
<del></del>								
			City	-		Zip Co	de	
				Fort Lauder		FL	33304	
	named entity submits this statement fo ions of registered agent	the purpose of changing its reg	istered office or r	registered agent, or be	oth, in the State of F	florida. I am familiar wit	n, and accept	
ine obligat	must 1	1	Taba Dau	-1	,	also last		
SIGNATURE	Signature, typed or printed ame of registered agent		John Dau	e required when reinstating)	9	1/19/04		
-	organization (special printed library or register) organization	1701E. 110	giano de rigent digitation	o required with a same and gr	Τ			
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign I	Financing	\$5.00 May Be Added to Fees				
	ay 1, 2004 Fee will be \$550.0	Trust Fund Contribu	tion.	Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	L /CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
TITLE	P	☐ Delete	TITLE		······································	☐ Change		
NAME	SNYDER, MARCIA		NAME					
STREET ADDRESS	1750 EAST SUNRISE BLVD		STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE, FL 33304		CITY-ST-ZIP					
TITLE	V	☐ Delete						
NAME STREET ADDRESS		<b>22</b> 00,00	TITLE		<del></del>	Change	☐ Addition	
	ABER, WILLIAM	<u> </u>	NAME			☐ Change	Addition	
CITY-ST-ZIP	1750 EAST SUNRISE BLVD					☐ Change	☐ Addition	
CITY-ST-ZIP	1750 EAST SUNRISE BLVD FT LAUDERDALE, FL 33304		NAME STREET ADDRESS CITY-ST-ZIP			***************************************	MAP TO THE TOTAL OF THE TOTAL O	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michele Apple, Vice Pres.

1/16/04

954-760-5000

Daytime Phone #