

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90207 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000018210**

1. Corporation Name  
**MWB LEASING CORP.**



Principal Place of Business <b>% GREENBERG &amp; SCHILINA, P.A. 1098 N.W. BOCA RATON BOULEVARD, SUITE 1 BOCA RATON FL 33432</b>	Mailing Address <b>% GREENBERG &amp; SCHILINA, P.A. 1098 N.W. BOCA RATON BOULEVARD, SUITE 1 BOCA RATON FL 33432</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5355 Town Center Road</b> Suite, Apt. #, etc. 22 <b>Suite 900</b> City & State 23 <b>Boca Raton, FL</b> Zip 24 <b>33486</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>1761 W. Hillsboro Blvd.</b> Suite, Apt. #, etc. 27 <b>Suite 201</b> City & State 28 <b>Deerfield Beach, FL</b> Zip 29 <b>33442</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>02/23/1998</b>	
		4. FEI Number <b>65-0857200</b>		Applied For <input type="checkbox"/> No <input type="checkbox"/> Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GREENBERG, JEFFREY L ESQ. 1098 N.W. BOCA RATON BLVD. SUITE 1 BOCA RATON FL 33432</b>		10. Name and Address of New Registered Agent 81 Name <b>Jeffrey L. Greenberg, Esq.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1761 W. Hillsboro Blvd</b> 83 <b>Suite 201</b> 84 City <b>Deerfield Beach</b> FL 85 Zip Code <b>33442</b>	
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11. Pursuant to the provisions of Sections 607.0501 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 \_\_\_\_\_ DATE **4/23/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOT E-Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Melwyn I. Weiss</b>	1.2 NAME	
STREET ADDRESS	<b>Director, Vice President</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>One Penn Plaza New York, New York 10119</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President, Director</b>	2.2 NAME	
STREET ADDRESS	<b>David J. Bershad</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>One Penn Plaza New York, New York 10119</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice President, Director</b>	3.2 NAME	
STREET ADDRESS	<b>Patricia M. Hughes</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>One Penn Plaza New York, New York 10119</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Secretary</b>	4.2 NAME	
STREET ADDRESS	<b>Arnold H. Gressler</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>One Penn Plaza New York, New York 10119</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice President</b>	5.2 NAME	
STREET ADDRESS	<b>William S. Geraci</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>600 West Broadway 1800 American Plaza San Diego, California 92101</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.01(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 **Jeffrey L. Greenberg** DATE **4/23/99** TIME **212-574-5300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)