

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90019 047 ***550.00

DOCUMENT # P98000022890

1. Corporation Name

ADVANCE CONTAINER REPAIR & LEASING, INC.

Principal Place of Business

Mailing Address

9043 Trade Port Drive
Suite 100
Orlando, FL 32827

9043 Trade Port Drive
Suite 100
Orlando, FL 32827

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/10/98

4. FEI Number

59-3508744

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jeffrey A. Bernstein, Esq.
100 N. Biscayne Blvd.
Suite 1707
Miami, FL 33132

81 Name

Jeffrey A. Bernstein, Esq.

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

100 N. Biscayne Blvd.

83

Suite 2608

84 City

Miami

FL

85 Zip Code

33132

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P ☐ DELETE
NAME NOBLE, Roger
STREET ADDRESS 9043 Trade Port Drive, #100
CITY-ST-ZIP Orlando, FL 32827

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D/VP ☐ DELETE
NAME HART, Clyde
STREET ADDRESS 9043 Trade Port Drive, #100
CITY-ST-ZIP Orlando, FL 32827

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D/S/T ☐ DELETE
NAME JARMAN, Roger
STREET ADDRESS 9043 Trade Port Drive, #100
CITY-ST-ZIP Orlando, FL 32827

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Noble.

5/28/99

Date

(407) 850 9535

Daytime Phone #

CR2E034 (11/98)