

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
99 MAR -4 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023763

1. Corporation Name
TITANIC LEASING INC.

Principal Place of Business
**5813 PONCE DE LEON BLVD
CORAL GABLES FL 33146**

Mailing Address
**5813 PONCE DE LEON BLVD
CORAL GABLES FL 33146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **SAME**

26 **SAME**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**RUSK, KEVIN D
5813 PONCE DE LEON BLVD
CORAL GABLES FL 33146**

81 Name

NO CHANGE

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

03/12/1998

4. FEI Number

65 0820868

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

10. Name and Address of New Registered Agent

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

TITLE **PD** DELETE

NAME **RUSK, KEVIN D**
STREET ADDRESS **5813 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **VD** DELETE

NAME **SULLIVAN, STEPHEN G**
STREET ADDRESS **5813 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **STD** DELETE

NAME **RUSK, MICHAEL H**
STREET ADDRESS **5813 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

700002800657-0
-03/10/93-01056-003
*****150.00 ***150.00**

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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:

Michael H. Rusk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UP

2/27/99

1-888-821-8700

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