

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90152 029 ***150.00

DOCUMENT # P98000025037

1. Corporation Name

98 REAL ESTATE LEASING CORP.



Principal Place of Business

819 S. FEDERAL HWY. STE. 203
STUART FL 34992-2952

Mailing Address

819 S. FEDERAL HWY. STE. 203
STUART FL 34992-2952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1998

4. FEI Number

65-0820523

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DR., STE. 500-EAST TOWER
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

MARK BRECHBILL, CPA

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

506 S. FEDERAL HIGHWAY

83

SUITE 202

84 City

STUART

FL

85 Zip Code

34994

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

Mark Brechbill CPA
Signature, typed or printed name of registered agent and title if applicable.

MARK BRECHBILL, CPA

(NOTE: Registered Agent signature required when reinstating)

4/26/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE

PSD

☐ Change ☒ Addition

1.2 NAME

JOHNSON, RICHARD D.

1.3 STREET ADDRESS

819 S. FEDERAL HIGHWAY, SUITE 203

1.4 CITY-ST-ZIP

STUART, FL 34994

2.1 TITLE

VTD

☐ Change ☒ Addition

2.2 NAME

JOHNSON, PATRICK J.

2.3 STREET ADDRESS

2930 PLEASANT LAKE DRIVE

2.4 CITY-ST-ZIP

CADILLAC, MI 49601

3.1 TITLE

D

☐ Change ☒ Addition

3.2 NAME

JOHNSON, MICHAEL P.

3.3 STREET ADDRESS

819 S. FEDERAL HIGHWAY, SUITE 201

3.4 CITY-ST-ZIP

STUART, FL 34994

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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:

Richard D. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

561-223-1974

Daytime Phone #

CR2E034 (11/98)

0514976