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

Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90140 041 ***150.00

DOCUMENT # P98000026059				
ANGEL LEASING CORPORATION				
ANGLL	LADING COIN CHATION			E SERVICA E NO SERVE DENS ERROS BERN RENS BRANCES DENS BRANCES DENS ERROS ERROS ERROS ERROS ERROS ERROS ERROS
Principal Place	e of Business	Mailing Address		T i Haliado ind rosas novis dusi addin addin addin addin disin danas dini danas in i nasi
2201 WEST SAI		2201 WEST SAMPLE ROAD		
BUILDING(8)SU	ITE 1B	Building(8)Suite 1B		DO ALOT MIDITE IN THE ODEO
POMPANO BEA	CH FL 33073	POMPANO BEACH FL 33073		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
}		\		03/20/1998
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-082/40/ Not Applicable
Suite, Apt.	#, etc.	Suite, Abt. * etc.	-	5. Certificate of Status Desired
22 6 6 4		27 Bldg (9)		5. Certificate of Status Desired Fee Required
City & State	е	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	O	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	9. Name and Address of Curren	29 3	30	Personal Property Tax. Yes LINO 10. Name and Address of New Registered Agent
···	9. Name and Address of Current	t Kegistered Agent	81 Name	3
AME	RILAWYER			OLEN SANDAGER
343 ALMERIA AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			83 5	ildre 9 Suit 1B
(•		Bu	craine . Saint
	•		84 City Ro	mpano Resich FL 85 Zip Code
A 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 r	egistered agent, or both, in the State m familiar with, and accept the oblige	of Florida. Such change was aut	horized by the corporate	on's board of directors. I hereby accept the appointment as registered
•	West of the State	ase Omil	+ Her	Andrew 1/21/99
SIGNATURE	Signature, typed or printed name of registered ager	it and title if approable. (NOTE: F	Registered Agent signature require	od when reinstating DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE	Change Addition
NAME	SANDAGER, GLEN		1.2 NAME	Bldg 9, Ste 1-B
STREET ADDRESS	2201 WEST SAMPLE ROAD	<	1.3 STREET ADDRESS	DIAG T, SET B
CITY-ST-ZIP	POMPANO BEACH FL 33073		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELÉTE	2.1 TITLE	Change Discoulon
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	_
CITY-ST-ZIP		D DELETE	2.4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	3.1 TITLE	- Johange Charles
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	ļ
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME		<u> </u>	4. 2 NAME	,
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	•
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	·
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	·
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: