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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90032 012 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000040108

CITY-ST-ZIP

ERCOLANO LEASING, INC.

		_								
Principal Place of Business Mailing Address			-			11,000				,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4240 COMMERCIAL WAY 4240 COMMERCI			AY							
SPRING HILL FL 34606 SPRING HILL FL 34606							DO NOT W	VRITE IN THIS	SPACE	
						3. Date Incorpo	orated or Qualit		0,,,,,,	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			777	Applied For
		26					3507804			Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			=			\$8.75	Additional	
22						5. Certifcate of	Status Desired	. .	Fee	Required
City & State	e	City & State				6. Election Car	npaign Financi	ng 🗆	\$5.0	O May Be
23		28				Trust Fund (Contribution	<u> </u>	Adde	d to Fees
Zip	Country	Zip	Country	'		8. This corpora	tion owes the	current year Int		_
24	25	29 3	0			Personal Pro			Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and	Address of Ne	w Registered	Agent	
ĖDO	OLANO DAVMOND		81	Name						
ERCOLANO, RAYMOND				Street	Addres	ss (P.O. Box Num	ber is Not Acc	eptable)		<u>-</u>
	COMMERCIAL WAY									
ŞPHI	ING HILL FL 34606		83							
			84	City				·	85 Zi	p Code
								FL	<u> </u>	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes	the above	e-named	corpor	ration submits this	statement for ors. I hereby ac	the purpose of scept the appo	changing introduction	its registered registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes	6.	Q 1.0.00	, 0 000	,			ŭ
SIGNATURE										
. <u>.</u>	Signature, typed or printed name of registered age		·	nt signature r	required v	when reinstating)	CHANGES TO	DATE OF THE ALL	ID DIRECT	TOPE IN 12
12.		ID DIRECTORS	13.		D/	S/T/D	HANGES TO	OFFICERS A	Chang	
TITLE	D DAVMOND		1.1 TITLE			COLANO,	DAVMON	D	A onding	, Addison
NAME :	ERCOLANO, RAYMOND		1.2 NAME							
STREET ADORESS	4240 COMMERCIAL WAY			T ADDRESS		40 COMME		3460	c	
CITY-ST-ZIP	SPRING HILL FL 34606	☐ DELETE	1.4 CITY-S 2.1 TITLE	IT-ZIP	SP	RING HII	<u>, F Li</u>	3400	Chang	e Addition
TITLE '		- OCTEVE			ļ					
NAME ,			2.2 NAME							
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP		☐ DELETÉ	2.4 CITY-	ST-ZIP	 				Chang	e * - 🗍 Addition
TITLE '		_ becere	3.2 NAME							_
NAME				T ADDRESS						
STREET ADDRESS										
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	51-ZIP	-			****	☐ Chang	e Addition
TITLE		25	4. 2 NAME		1					_
NAME				T ADDRESS						
STREET ADDRESS	•									ļ
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-8 5.1 TITLE	i-Lir	1	***	•		☐ Chang	je Addition
NAME			5.2 NAME						_]
STREET ADDRESS				TADORESS						ļ
			5.4 CITY-S							
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		1				☐ Chang	je 🔲 Addition
			6.2 NAME						_ "	_
NAME STREET ADDRESS			2	T ADDRESS	ľ					
					1					

6.4 CITY-ST-ZIP

REQUIRAYMOND ERCOLANO

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.