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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000058184

1. Corporation Name AMERI-CAP LEASING CORP.

Principal Place of Business 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134

Mailing Address 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1998

4. FEI Number 65-0903686 Applied For Not Applicable

2. Principal Place of Business 21 150 South Pine Island Rd Suite, Apt. #, etc. 22 Suite 500

2a. Mailing Address 26 150 South Pine Island Rd Suite, Apt. #, etc. 27 Suite 500

5. Certificate of Status Desired [checked] \$8.75 Additional Fee Required

23 City & State Plantation FL Zip 33324 Country USA

28 City & State Plantation FL Zip 33324 Country USA

6. Election Campaign Financing Trust Fund Contribution [unchecked] \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. [checked] Yes [unchecked] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELLMAN, MAYNARD J 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 150 South Pine Island Road 83 Suite 500 84 City Plantation FL 85 Zip Code 33324

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 [checkbox] DELETE NAME PRESS, ROBERT D STREET ADDRESS 1100 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE [checked] Change [checkbox] Addition 1.2 NAME 1.3 STREET ADDRESS 150 South Pine Island Rd Suite 500 1.4 CITY-ST-ZIP PLANTATION, FL 33324

TITLE [checkbox] DELETE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE [checkbox] Change [checkbox] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE [checkbox] DELETE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE [checkbox] Change [checkbox] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE [checkbox] DELETE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE [checkbox] Change [checkbox] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE [checkbox] DELETE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE [checkbox] Change [checkbox] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE [checkbox] DELETE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE [checkbox] Change [checkbox] 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:

SIGNATURE ROBERT PRESS

4-29-99

954-577-9225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)