## 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

## DOCUMENT # P98000105675

WWW.LEASING.COMPANY, INC.

Principal Place of Business Mailing Address					1 10011001 118 13101 10111 00111 03111 P3111 P3101 A3101	1 1861	
2201 WILTON DRIVE 2201 WILTON DRIVE FORT LAUDERDALE FL 33305 FORT LAUDERDALE FL 33305			13305				
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
2. Principal Place of Business 2a. Mailing Address						12/18/1998 4. FEI Number Applied	For
	a Place of Business Za. Mailing Address 26					65-0883119 Not App	
Suite Ant	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Addis	
22				5. Certificate of Status Desired Fee Required			
City & State City & State						6. Election Campaign Financing 55.00 May	Be
23	28					Trust Fund Contribution Added to Fe	es
Zip	Country	Zip		ıntry		8. This corporation owes the current year Intangible	
24	25 29 30		30	_		Personal Property Tax. Yes No	
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Registered Agent	
EERR	ARO, FRANK			["]	(140)110	<u></u>	
2633 N.E. 33RD STREET				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE FL				83			
				84	City	FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Florida St	atutes, the a	bove	L e-named corp	poration submits this statement for the purpose of changing its regis	tered
office or I	registered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such change wa	is authorize	d bv	the corporation	on's board of directors. I hereby accept the appointment as register	ed
-	iiii lailiniat witii, and accept the obi	iligations of, occiton cor.coo.	i ionaa otat		•		i
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (N	OTE: Registered	d Agen	nt signature require	ed when reinstating) DATE	;
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	
TITLE	D	☐ DELETE	1.1 Ti	TLE		☐ Change	Addition
NAME	FERRARO, FRANK	•	1.2 N	AME			
STREET ADDRESS	2633 N.E. 33RD STREET		1.3 \$	TREET	TADORESS		1
CITY-ST-ZIP	FORT LAUDERDALE FL 3330			TY-S	T- ZIP		l Addition
TITLE		☐ DELETE 2.1 TIT				Change	Addition
NAME ,	22 N						
STREET ADDRESS	Į.				TADDRESS		ļ
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TITLE		☐ DELETE				, Exchange L	17.00.00
NAME			3.2 N		r + DDDCCC		
STREET ADDRESS					TADORESS		
CITY-ST-ZIP				ITY-S	1-212	<del></del>	Addition
TITLE		I I DELETE				☐ Change	' ;
NAME		☐ DELETE				Change [	l
		∐ DELETE	4. 2 !	NAME	T ANDRESS	} Change	}
STREET ADDRESS		L DELETE	4.21 4.3 S	NAME TREE	T ADDRESS	Change	
CITY-ST-ZIP		☐ DELETE	4.2! 4.3 S 4.4 C	NAME TREET			Addition
CITY-ST-ZIP			4.21 4.3 S 4.4 C	NAME TREET			Addition
CITY-ST-ZIP TITLE NAME			4.21 43S 44C 5.1T	TREET TTY-S TTLE TAME			] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.21 43S 44C 5.1T 52N 5.3S	TREET TTY-S TTLE TAME	T-ZIP		Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.21 4.3 \$ 4.4 C 5.1 T 5.2 N 5.3 \$ 5.4 C	TREET TITLE TREET TREET	T-ZIP	☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.21 4.3S 4.4C 5.1T 5.2N 5.3S 5.4C 6.1T	TREET TITLE TREET TREET	T-ZIP	Change	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

4/6/99

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90097 024 \*\*\*158.75