

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**DOCUMENT # S09688 (0)**

1. Corporation Name  
**PALM LEASING, INC.**

05 JUN 19 11:10:15

Principal Place of Business  
~~750 S.W. 12TH AVENUE  
 POMPANO BEACH FL 33069~~

Mailing Address  
~~750 S.W. 12TH AVENUE  
 POMPANO BEACH FL 33069~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/26/1990** 3a. Date of Last Report **07/19/1994**

2. Principal Place of Business  
 21 **546 N.W. 105 DR.** 2a. Mailing Address  
 26 **546 N.W. 105 DR.**

4. FEI Number **65-0229762** Applied For  
 Not Applicable

Suite, Apt. #, etc.  
 22 Suite, Apt. #, etc.  
 27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
 23 **CORAL SPRINGS FL.** 28 **CORAL SPRINGS FL.**

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

Zip  
 24 **33071** 25 **BROWARD** 29 **33071** 30 **BROWARD**

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOONAN, JAMES T., JR.  
 750 S.W. 12TH AVENUE  
 POMPANO BEACH FL 33069**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 firm if applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD**  
 NAME **NOONAN, JAMES T., JR.**  
 STREET ADDRESS **750 S.W. 12TH AVE.**  
 CITY - ST - ZIP **POMPANO BEACH FL**

TITLE **VTD**  
 NAME **NOONAN, JILL ELIZABETH**  
 STREET ADDRESS **750 S.W. 12TH AVE.**  
 CITY - ST - ZIP **POMPANO BEACH FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
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 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE  Change  Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

2 1 TITLE  Change  Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

3 1 TITLE  Change  Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

*James T. Noonan, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES T. NOONAN, JR.** 6-9-95 305-341-6171

CR2E034 (3/95)