

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90014 008 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **S25711**

1. Corporation Name

**THREE WAY LEASING & EXPORT, INC.**

Principal Place of Business

**1255 WEST ATLANTIC BLVD  
POMPANO BEACH FL 33069**

Mailing Address

**1255 WEST ATLANTIC BLVD  
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/12/1991**

4. FEI Number

**65-0375834**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

**21 808 N.W 12<sup>th</sup> Avenue**

2a. Mailing Address

**26 714 Cypress Green Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Pompano, Florida**

City & State

**28 Wellington Florida**

Zip

**24 33069**

Country

**25 BROWARD**

Zip

**29 33414**

Country

**30 Palm Beach**

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2607**

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WRANOVICS, DOUGLAS**  
STREET ADDRESS **714 CYPRESS GREEN CIRCLE**  
CITY-ST-ZIP **WELLINGTON FL**

TITLE **STD** ☐ DELETE

NAME **WRANOVICS, JEANNE** **Jeannine**  
STREET ADDRESS **714 CYPRESS GREEN CIRCLE**  
CITY-ST-ZIP **WELLINGTON FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

**Jeannine Wranovics**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeannine Wranovics**

**8/3/99**  
Date

Daytime Phone #

CR2E034 (5/99)

625711  
603442-900A-8

**THREE WAY LEASING & EXPORT, INC.**

808 NW 12th AVENUE

POMPANO, FLORIDA

Phone: (954) 781-7728 Fax: (954) 781-7562

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August 3, 1999

Re: Annual Corp report

Florida Department of State

Division of Corporations

Annual Reports Filings

PO Box 1500

Tallahassee, Fl. 32302-1500

To Whom It May Concern:

Please be advised that we have moved our business address and consequently we did not receive the first annual report notice.

Enclosed, please find our corporate filing fee check in the amount of \$158.75 (one hundred fifty eight dollars and seventy five cents) to cover both the annual fee and the certificate of status.

Thank you.

Sincerely,

  
Jeannine Wranovics