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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90065 015 \*\*\*150.00

03/02/99

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S29842**

1. Corporation Name  
**LEASE FUNDING SERVICES, INC.**



Principal Place of Business  
**461 W. INDIANTOWN ROAD**  
**JUPITER FL 33458**

Mailing Address  
**461 W. INDIANTOWN ROAD**  
**JUPITER FL 33458**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/04/1991**

4. FEI Number **65-0248359**  
 Applied For  Not Applicable

2. Principal Place of Business  
**1695 W. INDIANTOWN RD**

2a. Mailing Address  
**1695 W. INDIANTOWN RD.**

Suite, Apt. #, etc. **SUITE #29**

Suite, Apt. #, etc. **SUITE #29**

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

City & State

City & State

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

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CODY, PHILIP A.**  
**18923 OSPREY WAY N.**  
**JUPITER FL 33458**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**18093 S.E. FEDERAL HWY.**  
 83  
 84 City **TEQUESTA** FL 85 Zip Code **33469**

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 *P.A. Cody - Pres* DATE **1/25/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>CODY, PHILIP A.</b>	
STREET ADDRESS	<b>18923 OSPREY WAY N.</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CODY, CYNTHIA P.</b>	
STREET ADDRESS	<b>18923 OSPREY WAY N.</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>18093 SE. FEDERAL HWY.</b>
1.4 CITY-ST-ZIP	<b>TEQUESTA, FL 33469</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>18093 SE. FEDERAL HWY.</b>
2.4 CITY-ST-ZIP	<b>TEQUESTA, FL 33469</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="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: *P.A. Cody - Pres* DATE **1-25-99** (561) 743-4990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)