FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

May 15 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)D.J. LEASING INC. Principal Place of Business Mailing Address 201 S.E. 2ND AVENUE 201 S.E. 2ND AVENUE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0270849 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARINO, DAN 201 S.E. 2NO AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33060 83 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. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 11 TITLE Change Addition TITLE MARINO, DAN NAME 12 NAME CR2E034 201 S.E. 2ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MARINO, GERALD NAME 2.2 NAME 201 S.E. 2ND AVENUE 2.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZiP 2. 4 CITY - ST- ZIP DELETE Change Addition TITL F 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Addition Change TITL F 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREE! ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby certily 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 suppliemental 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 10 on an attachment with an address

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