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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S71797** (2)

1. Corporation Name
SR 7 LEASING, INC.



Principal Place of Business

**1881 N SR 7
SUITE 208
HOLLYWOOD FL 33021
US**

Mailing Address

**1881 N SR 7
SUITE 208
HOLLYWOOD FL 33021-4510
US**

3. Date Incorporated or Qualified
08/07/1991

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
65-0284221

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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8. This 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

**YUSKO, DAVID A.
16800 N.W. 57 AVENUE
SUITE 208
MIAMI FL 33014**

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 date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **POTAMKIN, ALAN H.**
STREET ADDRESS **4875 S.W. 74TH ST**
CITY-STATE-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **DT** ☐ DELETE
NAME **POTAMKIN, ROBERT M.**
STREET ADDRESS **130 SPRUCE ST**
CITY-STATE-ZIP **PHILADELPHIA PA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **DV** ☐ DELETE
NAME **BESSEN, TED**
STREET ADDRESS **101 W 79 ST**
CITY-STATE-ZIP **NEW YORK NY**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **S** ☐ DELETE
NAME **JACOBSON, HARLEY**
STREET ADDRESS **11229 W ATLANTIC BLVD**
CITY-STATE-ZIP **CORAL SPRINGS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **AS** ☐ DELETE
NAME **YUSKO, DAVID**
STREET ADDRESS **16800 N.W. 57TH AVE.**
CITY-STATE-ZIP **MIAMI FL 33014**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID YUSKO **2/28/97** **(305) 558-1400**

Date

Daytime Phone #

CR2E034 (9/96)