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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

	1997	DIVISION OF C	CORPORATIONS			
DOCUMENT # S84575 (7) L. Corporation Name EMPORIUM LEASING, INC.						
Principal Place of Business Mailing Address 8930 SOUTH U.S. #1 8930 SOUTH U.S. #1 PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 3			3403	T (BENNEND NOT NOWN ENDER CHILL NEEDS BUILT	HARIA BADAN DEBEN GODEN BADAN A	Travi eest
				3. Date Incorporated or Qualified 10/02/1991	3a. Date of Last R 03/26/1996	eport
	hace of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For
Suite, Apt	#, 610	Suite, Apl. #, etc.		65-0287901	60 75	ot Applicable Additional
22		27		5. Certificate of Status Desired		equired
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	71p	Country 30	8. This corporation has hability for Florida Statutes	ntangible tax under s Yes ☐ No	. 199.032,
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	gistered Agent	
SIEGEL, ANDREW L. P.A. 300 N.W. 82ND AVE.			81 Name			
SUITE 412			82 Street Ad	dress (P.O. Box Number is Not Acceptab	de)	1
PLANTATION FL 33342			83			
			84 City		FL 85 Zip	Code
11. Pursuant office or r agent. La	to the provisions of Sections 607 registered agent, or both, in the Similar with and accept the o	.0502 and 607 1508, Fforida Statut state of Horida, Such change was a bligations of, Section 607 0505, Flo	es, the above-named co authorized by the corpor orida Statutes	rporation submits this statement for the patients board of directors. I hereby accept	urpose of changing it of the appointment as	ts registered registered
SIGNATURE	`	v				
12.	Stiponiae appliction professionance of manders OFFICE RS	a ago cano ite al applicable (NO) AND DIRECTORS	E Begistered Agent signature req	uired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	RS IN 12
Tillet	D	DELETE	1.1 TITLE		Change	RS IN 12
NAME	ORSINI, DANTE' 8930 SOUTH U.S. #1		12 NAME			Addition
STEZET ALCOHENS CITY - ST - ZIP	PORT ST. LUCIE FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			}!
10.6	1	DELETE	21 TITLE		Change	Addition
MAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS	•		{
CHY-ST-ZIF THE		DELETE	2 4 CITY - ST - ZIP 3 T TITLE		Change	Addition
NAME			3.2 NAME			}
STREET ADDRESS			3 3 STREET ADDRESS			Ì
COY-SE Z-P		DELETE	3.4. C/TY-ST-Z/P 4.1.7/TLE		Change	Addition
NAME		J bittii	4. 2 NAME		C Shange	7,000000
STREET ACROSS			4.3 STREET ADDRESS			{
CHY-SL Zir		T Drees	4.4 Crty · ST · ZIP		T I Obacci	- TAddisa
TIPLE NAME		DELETE	51 TITLE 52 NAME		∐ Change	nortibbA 🗔
STREET ADDRESS			5 3 STREET ADDRESS			}
City-S1-ZiP			5 4 CITY - ST - ZIP			
Tille		☐ DELFTE	6.1 TITLE		Change	Addition
NAME			G 2 NAME			}
STREET ADDRESS			6.3 STREET ADDRESS			1
0-1Y-S1-ZIF 14. I do herel	I by cert ly that the information sup	galed with this filing does not quali	# 6.4 CITY-ST-ZIP Ty for the exemption stat	ed in Section 119.07(3)(i), Florida Statute	s. 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 logal 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 Book 13 of Panged or grant attachment with an address.