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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$91892 1. Corporation Name

DUKE LEASING INC.

Principal Place of Business

Mailing Address

**FILED** Jan 21, 1999 8:00am Secretary of State 01-21-1999 90028 019 \*\*\*158.75



300 5TH AVE. Suite 222 Naples FL 341 US	The second second	300 5TH AVE. SOUTH SUITE 222 NAPLES FL 34102-6524 US			DO NOT WRITE  3. Date Incorporated or Qualifed  11/04/1991	E IN THIS SPAC	E		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		т	TAnn	lind For	
21 26					59-3091395		Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						· e		<del></del>	
27					5. Certifcate of Status Desired		ee Req	lditional uired	
City & State City & State					Election Campaign Financing     Trust Fund Contribution	11 7	\$5.00 May Be Added to Fees		
Ζiρ	Country	Zip	Cour	ntry	8. This corporation owes the current year Intarguar				
24	25	29	30		Personal Property Tax.	. Ye		JNo [	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	The second secon		T	81 Name					
STAMP, MARTIN F. Duk 201 South Orange Ave.				82 Street Add	ress (P.O. Box Number is Not Acceptable	e)			
SUITE 900				83			. f . fr	7.00.152	
ORLANDO FL 32801				55			1		
ONE.	AND TE OZOUT		Ī	84 City		FL 85	Zip Co		
ાતેલ agent. I`a	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statute Florida. Such change was au ons of, Section 607.0505, Flori	s, the ab thorized da Statu	ove-named corporations.	poration submits this statement for the pu ion's board of directors. I hereby accept	rpose of chang the appointmen	ing its r t as regi	egistered stered	
SIGNATURE		·							
	Signature, typed or printed name of registered agent a			gent signature require	ed when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI				
TITLE	PVT	☐ DELETE	1.1 TITL	E		· 🗆 CI	nange	Addition	
NAME '	WEST, ERIC		1.2 NAA	Æ ¦					
STREET ADDRESS	200 GOODLETTE RD S #7		1.3 STR	EET ADDRESS					
CITY-ST-ZIP	NAPLES FL		1.4 CIT	Y-ST-ZIP					
TITLE	SD	☐ DELETE	2.1 TITL	E		CI	nange	Addition	
NAME :	WEST, ERIC 22			AE .					
STREET ADDRESS	1 :			EET ADDRESS				1	
CITY-ST-ZIP	NAPLES FL		2. 4 CIT	Y-ST-ZIP				- 1	
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ì			4.2 NA	1	•••		iongo	[_] / toolsen	
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STREET ADDRESS				EET ADDRESS				Ì	
CITY-ST-ZIP <sup>†</sup>	**************************************	F) per pre		/-ST-ZIP					
TITLE .		☐ DELETE	5.1 TITE	ſ			nange	Addition	
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CITY-ST-ZIP	the state of the s			r-ST-ZIP					
TITLE	120 2 - C	☐ DELETE	6.1 TITL	E			ange	☐ Addition	
NAME	<b>新兴强烈的</b> 第二人		6.2 NAM	IE					
STREET ADDRESS	Ballins Fi.		6.3 STR	EET ADDRESS					
i	- OD		64 CETY	-ST-ZIP				ľ	
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 finual 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 truster employered 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 employered.