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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **Katherine Harris**

## 

05-05-1999 90122 024 \*\*\*150.00

DOCUMENT # \$92434 1. Corporation Name

AMERICAN LEASING & INVESTMENT CORPORATION

				<b>Birii Birii Birii</b> i	01011 DISIX 1061
Principal Place of Business	Mailing Address				
CNE-LAS CLAS CIRCLE	ONE-LAS-OLAS-CIRSLE.				
FORT-LANDEDDALE FI COME	FORT LANGERS ALE FL. 00046		DO NOT WRITE IN THIS SPACE		
40	UC		3. Date Incorporated or Qualifed		
			11/05/1991		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Ap	optied For
21 l Las Olas Circle	26 l Las Olas Cir	rc1e	65-0320468	No	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
Penthouse 4	27 Penthouse 4		5. Certificate of Status Desired	Fee Re	equired
City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23 Ft. Lauderdale, FL	28 Ft. Lauderdale	e, FL	Trust Fund Contribution	Added	to Fees
Zip Country	Zip	Country	8. This corporation owes the current year !		1
24 33316 25	29 33316 30		Personal Property Tax.		<b>Ū</b> No
9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registere	d Agent	
ANDDENIC ANTLICALY T		81 Name			
ANDREWS, ANTHONY T 1 LAS OLAS CIRCLE PH-4		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33316		83			
		84 City	F	L 85 Zip	Code
11. Pursuant to the provisions of Sections 607 050	2 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose	of changing its	registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the optigal	of Florida. Such change was auth	orized by the corporati	on's board of directors. I hereby accept the app	ointment as re	egistered
	111 Onthon	y T. Andrew	s President 4/27	199	
SIGNATURE Signates, typed or printed name of postered agen		gistered Agent signature require	ed when reinstating) DATE		<del></del>
12. OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE PTD	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	XXX Change	Addition
TITLE PTD NAME ANDREWS, ANTHONY T.		1.1 TITLE 1.2 NAME			
NAME ANDREWS, ANTHONY T.  STREET ADDRESS  ONE E-LAS OLAS AVE FRM4		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1	Las Olas Circle, PH-4		
NAME ANDREWS, ANTHONY T.	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1 1.4 CITY-ST-ZIP Ft	Las Olas Circle, PH-4 . Lauderdale, FL 33316	X∑1 Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  PTD ANDREWS, ANTHONY T. ONE E LAC OLAS AVE FEMA FT-LAWDERDALE FL  VS-		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1	Las Olas Circle, PH-4 . Lauderdale, FL 33316		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ANDREWS, ANTHONY T. ONE E-LAC OLAS AVE FEMA FT-LAWDERBALE FL VG- ANDREWS, JACQUELINE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1 1.4 CITY-ST-ZIP Ft 2.1 TITLE DS 2.2 NAME	Las Olas Circle, PH-4 . Lauderdale, FL 33316	X∑1 Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS ANDREWS, ANTHONY T. ONE E LAS OLAS AVE FRIMA FT-LAWDERDALE FL VG- ANDREWS, JACQUELINE STREET ADDRESS STREET ADDRESS	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1 1.4 CITY-ST-ZIP F t 2.1 TITLE DS 2.2 NAME 2.3 STREET ADDRESS 1	Las Olas Circle, PH-4 . Lauderdale, FL 33316 Las Olas Circle, PH-4	X∑1 Change	☐ Addition
TITLE NAME ANDREWS, ANTHONY T. STREETADDRESS CITY-ST-ZIP TITLE NAME ANDREWS, ANTHONY T.  ONE E-LAC OLAS AVE FRM4 FT-LAUDERDALE FL  VG- ANDREWS, JACQUELINE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS I 1.4 CITY-ST-ZIP F t 2.1 TITLE DS 2.2 NAME 2.3 STREET ADDRESS I 2.4 CITY-ST-ZIP F t	Las Olas Circle, PH-4 . Lauderdale, FL 33316	XXX Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS I 1.4 CITY-ST-ZIP F t 2.1 TITLE DS 2.2 NAME 2.3 STREET ADDRESS I 2.4 CITY-ST-ZIP F t 3.1 TITLE DV 3.2 NAME LU 3.3 STREET ADDRESS RT	Las Olas Circle, PH-4 . Lauderdale, FL 33316  Las Olas Circle, PH-4 . Lauderdale, FL 33316  cas, Wayne E. 5, Box 528	XXX Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME  PTD ANDREWS, ANTHONY T. ONE E LAS OLAS AVE FRIII4 FILAMBERDALE FL  VG ANDREWS, JACQUELINE 1145 OLAS AVE FN #4 FILAMBERDALE FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS I 1.4 CITY-ST-ZIP F t 2.1 TITLE DS 2.2 NAME 2.3 STREET ADDRESS I 2.4 CITY-ST-ZIP F t 3.1 TITLE DV 3.2 NAME LU 3.3 STREET ADDRESS RT 3.4 CITY-ST-ZIP M1	Las Olas Circle, PH-4 . Lauderdale, FL 33316  Las Olas Circle, PH-4 . Lauderdale, FL 33316  cas, Wayne E.	XXX Change XIX Change	Addition Addition XX Addition
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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 angular 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 Sciver 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 chapted, as on a state of the corporation or the sciver of the corporation or the science of the corporation of the sciver of the corporation of the sciver of the corporation of the sciver of the corporation of the science of the CITY-ST-ZIP

**SIGNATURE** 

Anthony T. Andrews, Pres.