05-19-1999 90005 003 \*1,050.00

## 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 # V13666

1. Corporation Name

ALLIANCE LEASING COMPANY, INC.

, LEW WYO		2 001111 11111 11	10											
Principal Place of Business Mailing Address										I SERIE MINORI ILDUM JIISO DIJIO BIL	(8 9)!! 818!! 319!	i Bibli		il ninii inni
1401 E BROWARD BLVD SUITE 206 FT LAUDERDALE FL 33301				1401 E BROWARD BLVD SUITE 206 FT LAUDERDALE FL 33301				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
										02/12/1992				
2. Principal Place of Business				2a. Mailing Address					4.	FEI Number		L	+	lied For
21				26					<u> </u>	65-0312568		#0		Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5.	Certifcate of Status Desired			/ O Ade	dditional
22				City & State					-	Election Commission Cinemates				
City & State				⊢ ´					6.	Election Campaign Financing Trust Fund Contribution			ded to	lay Be
Zip Country				Zip Cou					-	This corporation owes the curre	ent vear Intar			7 000
24	2	····· ·	29	Cip .	30	¬ '			0.	Personal Property Tax.		∐ Yes	. [	JNo
	. 9. Name and Address of Current Registered Agent									Name and Address of New R	egistered A	gent		
	•,					81	N	lame					_	
SMITH, JEFFREY B.							S	tucat Addras	ess (P.O. Box Number is Not Acceptable)					
1401 E BROWARD BLVD							3	illeet Addres	555 (rO. DOX NUMBER IS NOT ACCEPTED TO					
SUITE 206														
FT LAUDERDALE FL 33301							<del>  _</del>	Nia		······································		85	Zip C	nde
						84	٦٦	City			FL	83	Lip O	500
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.														egistered istered
SIGNATURE								·····			DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered							nt sig	nature required v		reinstating) ADDITIONS/CHANGES TO OFF		DIRE	CTOE	2S IN 12
TITLE	OFFICERS AND DIRECTORS 13 D □ DELETE 1.11						13.			ADDITIONS/OFFANGES TO OFF		Cha		Addition
NAME						1.2 NAME						_	•	
STREET ADDRESS						1.3 STREET ADDRESS								
CITY-ST-ZIP					1.4 CiTY+ST+ZiP								ı	
TITLE	1 I DIODEI					2.1 TITLE			· · · · · · · · · · · · · · · · · · ·	-	☐ Cha	ange	☐ Addition	
NAME						2.2 NAME								
STREET ADDRESS				2.3 STREET ADDRESS										
CITY-ST-ZIP					2.4 CITY-ST-ZIP									
TITLE					3.1 TITLE						Cha	ange	☐ Addition	
NAME	32		3.2 NAME											
STREET ADDRESS	ess				3.3 STREET ADDRESS									
CITY-ST-ZIP						34, CITY-5	CITY-ST-ZIP .							
TITLE						I.1 TITLE						☐ Cha	ange	Addition
NAME					- 1	4, 2 NAME		1						
STREET ADDRESS						4.3 STREE	TAD	DRESS						

6.4 CITY-ST-ZIP 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 aprilual 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 charged, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 T/TLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

☐ Change

Change

Addition

☐ Addition