May 06, 1999 8:00 am Secretary of State

05-06-1999 90266 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V15333

1. Corporation Name

RUPERT LEASING, INC.

						-{	KOLLI OLOGIL OKOKI OLOGIL O	HELL BLANK HEEF
Principal Place	of Business	Mailing Address					•	
	ur island blvd.	1000 S. HARBOUR ISLAND	D BLVD.					
#2410						DO NOT WRITE IN T	HIS SPACE	
TAMPA FL 33602 TAMPA FL 33602						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						02/18/1992		
a Principal Pl	ace of Business	2a. Mailing Address				4 FEI Number	Api	plied For
	ace of Dusinoss	26				59-3126815	 	t Applicable
Suite, Apt. :	# etc	Suite, Apt. #, etc.					\$8.75 A	
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip		intry		8. This corporation owes the current year	r Intangible	
24	25	29	30			Personal Property Tax.		DNo_
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registe	red Agent	
ICCC	DIEG DAVID M	,		81	Name			
JEFFRIES, DAVID M. 220 SOUTH FRANKLIN STREET				82 3	Street Addre	ss (P.O. Box Number is Not Acceptable)		
TAMPA FL 33602			83		<u></u>			
				1	0'		85 Zip C	`odo
				84 (City	i	= L 85 Zip C	,ode
11 Pursuant f	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	tes, the a	bove-n	named corpo	ration submits this statement for the purpos	e of changing its	registered
office or re	egistered agent, or both, in the Stat n familiar with, and accept the obliq	te of Florida. Such change was a	authorized	d by the	e corporation	n's board of directors. I hereby accept the a	ppointment as req	gistered
	tt familiar with, and accept the oblig	jations of, Section 607.0505, Fic	Jilda Stat	0103.				
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT)	E: Registered	Agent si	gnature required	when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 ΤΙ	TLE			☐ Change	☐ Addition
NAME	GODDWIN, LESLIE C		1.2 N	AME	ļ			
STREET ADDRESS	1000 SOUTH HARBOR ISLAN	ID BLVD. 2410	1.3 \$	TREET AD	ODRESS			
	TAMPA FL							
CITY-ST-ZIP TITLE	STD		140	TV. ST. 7	np ar			
NAME			_	TY-ST-Z	IP I		☐ Change	☐ Addition
	V · -	☐ DELETE	2.1 Π	TLE	IP		Change	Addition
	COWIESON, LANCE C		2.1 TI 2.2 N	TLE AME			☐ Change	☐ Addition
STREET ADDRESS	COWIESON, LANCE C 4902 JENNI LIN COURT		2.1 TI 2.2 No 2.3 S	TLE AME TREET AC	DDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	COWIESON, LANCE C	☐ OELETE	2.1 TT 2.2 N 2.3 S 2.4 C	TLE AME TREET AC	DDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE	COWIESON, LANCE C 4902 JENNI LIN COURT		2.1 TI 2.2 No 2.3 Si 2.4 Ci 3.1 TI	TLE AME TREET AC SITY-ST-2 TLE	DDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	COWIESON, LANCE C 4902 JENNI LIN COURT	☐ OELETE	2.1 TT 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	TLE AME TREET AC CITY-ST-2 TLE AME	DDRESS ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE	COWIESON, LANCE C 4902 JENNI LIN COURT	☐ OELETE	2.1 TT 2.2 N 2.3 S 2.4 C 3.1 TT 3.2 N 3.3 S	TLE AME TREET AC TTLE AME TREET AC	DDRESS ZIP DDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	COWIESON, LANCE C 4902 JENNI LIN COURT	☐ DELETE	2.1 TT 2.2 N 2.3 S 2.4 C 3.1 TT 3.2 N 3.3 S	TLE AME TREET AC OITY-ST-Z TLE AME TREET AC OTY-ST-Z	DDRESS ZIP DDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	COWIESON, LANCE C 4902 JENNI LIN COURT	☐ OELETE	2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI	TLE AME TREET AC TLE AME TREET AC TREET AC TREET AC TREET AC TREET AC	DDRESS ZIP DDRESS			
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	COWIESON, LANCE C 4902 JENNI LIN COURT	☐ DELETE	2.1 TT 22 N 23 S 2.4 C 3.1 TT 32 N 3.3 S 3.4 C 4.1 TT 4.2 N 4.3 S 4.4 C 5.1 TT	TLE AME TREET AC OTY-ST-2 TLE AME TREET AC OTY-ST-2 TLE IAME TREET AC TTY-ST-2 TLE TREET AC	DDRESS ZIP DDRESS ZIP		☐ Change	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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP