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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V18523

(3)

EL CHEAPO LEASING, INC.

**FILED** Jan 27 1998 8:00am Secretary of State



Principal Place	e of Business		Mai	Mailing Address					t reast ander transfer ater ater ander alert alder alert alert alert alert alert				
2219 HAYES	<b>8T</b>	22	2219 HAYES ST										
HOLLYWOOD FL 33021				HOLLYWOOD FL 33021					DO NOT WIDE	FF IN THE 6	2405		
									DO NOT WRIT		ACE	·	
									3. Date Incorporated or Qualified	1		ŀ	
									03/04/1992				
2. Principal Place of Business				2a. Mailing Address					FEI Number		<del></del>	oplied For	
21				26					65-0316774			ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
22				27									
City & State			City & State					6	Election Campaign Financing			May Be	
23				Zip Country					Trust Fund Contribution			to Fees	
Zip		Country		<b>├</b> ─┐			. This obligation and of has p						
24	2 Name 2	5   nd Address of Curren	[29]	rod Agent	30	_			Personal Property Tax due Jur  D. Name and Address of New F			NO	
00	<u></u>	<del></del>	i negiste	neo Agent		B1	Name		U, Italije aliu Addiess Ci item i	registered A	your		
		RG, ANDREA					Ivallio	,					
2219 HAYES ST							Street	t Address (	(P.O. Box Number is Not Accept	able)			
HOLLYWOOD FL 33021													
						83							
						84	City				<b>85</b> Zip	Code	
	_						Ţ			FL			
11. Pursuant	to the provisio	ns of Sections 607.050	2 and 60	7.1508, Florida St	atutes, the	above	e-named	d corporati	ion submits this statement for the	purpose of o	changing i	ts 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.													
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE													
12.		OFFICERS AND	DIRECT		13			,	ADDITIONS/CHANGES TO OFF		_		
TITLE	D			☐ DELETE	1.1	TITLE				l	Change	Addition	
NAME		itzberg, andrea			1.2	NAME							
STREET ADDRESS				1.3 \$7			ADDRESS					1	
CITY-ST-ZIP	HOLLYW	OOD FL			1.4	CITY-S	T-ZIP						
TITLE	D			DELETE	2.1	TITLE					Change	Addition	
NAME	SCHWAR	itz <b>be</b> rg, martin			2.2	NAME						j	
STREET ADDRESS	2219 HA	yes st			23	STREET	ADDRESS						
CITY-ST-ZIP	HOLLYW	OOD FL			2.4	CITY-S	ST - ZIP	}				1	
TITLE	· <del></del>	<del></del>		☐ DELETE		TITLE	<del></del>	<b>——</b>			Change	☐ Addition	
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STREET ADDRESS					- 1		ADDRESS					· 1	
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STREET ADDRESS							ADDRESS	1				ļ	
CITY-ST-ZIP				DELETE		DITY-S	F-ZIP	<del> </del>			Change	Addition	
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STREET ADDRESS					5.3	STREET	ADDRESS					1	
CITY-ST-ZIP						CITY-S	F-ZIP	<b></b>					
TITLE				☐ DELETE	6.1	TITLE				l	Change	Addition	
NAME					6.2	NAME							
STREET ADDRESS					6.3	STAEET	ADDRESS					1	
CITY-ST-ZIP					64	CITY-S	I - ZIP	<u> </u>					

14. 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.