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 # V29155

NAPLES LEASING CO. INC.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90044 020 ***150.00



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Principal Place of Business Mailing Address					((SAIL S(19)9) tible telet (INS) divid and a sail aski, even a sail aski, even		
116 N.E. 6TH AVENUE 116 N.E. 6TH AVENUE DELRAY BEACH FL 33483 DELRAY BEACH FL 33483							
					DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed		
		•			04/13/1992		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied	For	
─ ` `	lade of Ballings	26			1 2	plicable	٠
Suite, Apt.	#. etc.		Suite, Apt. #, etc.		\$8.75 Additional		
22		27			5. Certificate of Status Desired Fee Required		
City.& Stat	9	City & State			-6. Election Campaign Financing \$5.00 May	. Re' ≃	
23		28			Trust Fund Contribution Added to Fe		
Zip	Country	Country Zip		,	8. This corporation owes the current year intangible		
24	25	_ 	30		Personal Property Tax.	1 0	
24]	9. Name and Address of Curren				10. Name and Address of New Registered Agent		
i	3 44 5 44		81	Name			
BEN	NARDO, ANDREW		-	01	(D.O. Day Myshan in Net Appentable)		
⁹⁰⁷ 116	N.E. 6TH AVENUE		82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	RAY BEACH FL 33483		83				
	*	•	84	City		1844 (82) 1841 (88)	
			ŀ	1 1			
11., Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpose of changing its region's board of directors. I hereby accept the appointment as registed	stered	
agent. I a	registeres agent, or optn, in the State im familiat with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes	тие согрогац 3.	ion's board of directors. Thereby accept the appointment as registe		
SIGNATURE	LI louin	W &			F-5-79	j	
SIGNATURE	. Signature, typed or minibol name of registered agen	nt and title if applicable. (NOTE: I	Registered Age	nt signature requir	ed when reinstating) DATE	· ·	ά
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		Š
TITLE	D	· ☐ DELETE	1.1 TITLE		☐ Change	Addition	۶
NAME .	BENNARDO, ANDREW	•	1.2 NAME		•		2
STREET ADDRESS	116 N.E. 6TH AVENUE	•	1.3 STREE	T ADDRESS	,		ŭ
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 CITY-5	ST-ZiP			ò
TITLE	D	☐ DELETE	2.1 TTTLE		☐ Change [Addition	٠
NAME	BENNARDO, JOSEPHINE		2.2 NAME				
STREET ADDRESS	*** *** ****	•	2.3 STREE	T ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483	•	2.4 CITY-	ST-ZIP			
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NAME: \			3.2 NAME			[
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	188 19.5714	DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE	T ADDRESS)。 代称 いか 洋乳 乳 (Fin 3) 報 規(国 Change) 参数 [
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14. Thereby 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 corpolation 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 for or an attachment with an address with all other like empowered.

SIGNATURE: