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

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90269 023 ***150.00

DOCUMENT # V48451 1. Corporation Name

C AND O LEASING, INC.

Principal Place of Business . Mailing Address					-				
1639 FORUM PLACE. SUITE 4 C/O JOSEPH JORDAN, P.A.							•		
WEST PALM B	EACH FL 33401	500 AUSTRALIAN AVE. SOUTH, SUITE 600			1	A			
WEST PALM BEACH FL 33			01				OO NOT WRITE IN TH	IS SPACE	
, .						3. Date incorporate	u or Qualifed		
<u> </u>	N	T = 14-27- A .14				07/02/1992		- 1	
2 200	Place of Business	2a. Mailing Address	XDa	i Di	oáa	4. FEI Number	•	<u> </u>	plied For
<u> </u>			levy orc Drive			65-0486174	· · · · · · · · · · · · · · · · · · ·		t Applicable
Suite, Apt. #, etc.						- 5Certifcate of Stat	us Desired 🔲 -	\$8.75	Additional (equired
22 27						 			
City & Stat	Poli Rocah	City & State	0.50	h	415	6. Election Campaig		\$5.00	
23 WC5	Country	20 35 0	Cour	_	1100	Trust Fund Contr		Added	to Fees
Zip	AA DREA	132409 E		15)	11 -	1	owes the current year I		
24 TIOK	25 U 5/4	29 JJH07 30	<u>' </u>	101		Personal Propert		☐ Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name									
JORDAN, JOSEPH				' '					
C/O JOSEPH JORDAN, P.A.				82 3	Street Addre	ess (P.O. Box Number i	s Not Acceptable)		
500 AUSTRALIAN AVE. SOUTH, SUITE 600				-					
WEST PALM BEACH FL 33401				83					(
SWA TANDERON FE 33401			į.	84 (City		F	85 Zip (Code
1	•	7 1007 1000 Ft 11 00 11							
11. Pursuant	to the provisions of Sections 607,0502 registered agent, or both, in the State of im familiar with, and acceptable foligation	and 607.1508, Florida Statutes, Florida. Such change was autho	tne ao orized	ove-n by the	ramed corpo e corporation	oration submits this state n's board of directors. I	ement for the purpose of the applications and the purpose of the applications are the applications and the applications are the applica	or cnanging its ointment as re	registered
agent. I a	m familiar with, and accept the holigation	ns of, Section 607.0505, Florida	Statu	tes.			\bigcirc $($ $($ $)$ $($ $)$	1. 100	
SIGNATURE TOMUSTAL JULIAN SIGNATURE TOMUSTAL JULIAN SIGNATURE									
10	Signature, typed or printed name of registered agout a		-	Agent sk	ignature required	when reinstating)	DATE	/	
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHAP	IGES TO OFFICERS A	Change	RS IN 12
TITLE	PT CAMER IA ID		1.1 TITL					Change	Addition
NAME	OWENS, JAMES H JR.		1.2 NAM			•	•		}
STREET ADDRESS	2101 GLENMOOR DRIVE		l .	REETAD	į				ļ
CITY-ST-ZIP	WEST PALM BEACH FL 33409	D pCt fire	_	Y-ST-Z	IP		· · · · · · · · · · · · · · · · · · ·		
TITLE	V	☐ DELETE	2.1 TITL			. :		☐ Change	Addition
NAME	TSAI, ROLAND Y		2.2 NAV	ΜE			i.		1
STREET ADDRESS	21 WALCOTT DRIVE		2.3 STR	REET AD	DDRESS				}
CITY-ST-ZIP	LANTANA FL	·	2, 4 CIT	Y-ST-Z	ZIP . ~		- , - , - , - , - , - , - , - , - , - ,		
TITLE	☐ DELETE		3.1 TITLE		Ì		•	☐ Change	Addition
NAME	·		3.2 NAM	ΜE		-			- (
STREET ADDRESS			3.3 STR	REET AD	DORESS				
CITY-ST-ZIP	·		3.4. CIT	Y-ST-Z	ziP				<u></u>]
TITLE		☐ DELETE	4.1 TITL	E				Change	Addition
NAME	} .		4. 2 NA	ME)				
STREET ADDRESS	TADDRESS		4.3 STREET ADDRESS		DRESS	-			Į
CITY-ST-ZIP				Y-ST-ZI	. 1				}
TITLE		☐ DELETE	5.1 TITL					☐ Change	Addition
NAME			5.2 NAW						-
STREET ADDRESS			5.3 STR	REET AD	DRESS				}
CITY-ST-ZIP			5.4 CITY	Y-ST- <i>Z</i> II	IP				ļ
TITLE	 	☐ DELETE	6.1 TITL					Change	Addition
NAME	,		6.2 NAV		ļ			- J	
STREET ADDRESS			6.3 STR		DRESS				
{					Ļ				-
CITY-ST-ZIP	l .		0.4 CHY	Y-ST-ZI	IF .				

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 suppliemental annual peoprt 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 confortation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date 1/ State Phone # 9- 9000

:R2E034 (11/98)