FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:16

DOCUMENT # **V53494** **(3)**

1. Corporation Name
MR. C'S LEASING, INC.

Principal Place of Business	Mailing Address
4150 TURNBERRY CIR #33 LAKE WORTH FL 33467	4150 TURNBERRY CIR #33 LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/28/1992**	3a. Date of Last Report: **04/15/1994**
4. FEI Number: **65-0357253**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May be Added to Fees
8. The corporation has elected to be taxable as an S corporation under Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CUTIETTA, FRANK
4150 TURNBERRY CIR
#33
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN '12
TITLE	D	11 TITLE ☐ Change ☐ Addition
NAME	CUTIETTA, FRANK	12 NAME
STREET ADDRESS	4150 TURNBERRY CIR #33	13 STREET ADDRESS
CITY ST ZIP	LAKE WORTH FL	14 CITY ST ZIP
TITLE		21 TITLE ☐ Change ☐ Addition
NAME		22 NAME
STREET ADDRESS		23 STREET ADDRESS
CITY ST ZIP		24 CITY ST ZIP
TITLE		31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY ST ZIP		34 CITY ST ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an X in that box.

SIGNATURE: Frank Cutietta
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

Date

0278501 CP