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
99 APR 23 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59710

1. Corporation Name
Southeast Rental & Leasing, Inc.

Principal Place of Business
P.O. Box 568245
Orlando, FL 32856

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8/21/1992

2. Principal Place of Business
21 7616 Narcoossee Rd.
Suite, Apt. #, etc
22
City & State
23 Orlando, FL
Zip
24 32822
Country
25

2a. Mailing Address
26 PO Box 568245
Suite, Apt. #, etc
27
City & State
28 Orlando, FL
Zip
29 32856
Country
30

4. FEI Number
59-3132678
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. This Corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
Pamela N. Shaw
675 W. Michigan Avenue
Orlando, FL 32806

10. Name and Address of New Registered Agent
81 Name
CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island RD.
83
84 City
Plantation
FL
85 Zip Code
33324

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 Vicky Goldstein
VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY
4-22-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	[X] DELETE
NAME	Randy O. Burden	
STREET ADDRESS	1611 S. Summerlin Avenue	
CITY-ST-ZIP	Orlando, FL	
TITLE	ST	[X] DELETE
NAME	Pamela N. Shaw	
STREET ADDRESS	2901 S. Osceola Street	
CITY-ST-ZIP	Orlando, FL	
TITLE	PD	[X] DELETE
NAME	Gary H. Tripp	
STREET ADDRESS	4182 Conway Place	
CITY-ST-ZIP	Orlando, FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D	[ ] Change [X] Add
NAME	Gene J. Ostrow	
STREET ADDRESS	450 E. Las Olas Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VP/T	[ ] Change [X] Add
NAME	Pamela KM Beall	
STREET ADDRESS	450 E. Las Olas Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V/S	[ ] Change [X] Add
NAME	Joseph H. Izhakoff	
STREET ADDRESS	450 E. Las Olas Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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****150.00 ****150.00

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and accurate. I further certify that my signature below shall have the same legal effect and validity as if made under oath, that I am an officer or director of the corporation or the receiver or business manager of the corporation, pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a separately attached sheet with an address, with all other like empowered.

SIGNATURE: April 21, 1999 954-760-6550

SIGNATURE(S) AND PRINTED NAME OF A NEW OFFICER OR DIRECTOR