

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **197886** (5)
1. Corporation Name
TROPICAL RENTALS INC



Principal Place of Business: 1001 W. JASMINE DR., STE. G LAKE PARK FL 33403
Mailing Address: 1001 W. JASMINE DR., STE. G LAKE PARK FL 33403

3. Date Incorporated or Qualified: **11/28/1956**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-6079525**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGLIO, ALMA
117 LEGENDARY CIRCLE
PALM BEACH GARDENS FL 33418

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0532 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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|--------------------------|---|-----------------------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| VD | GIBNEY, DANE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1815 N.E. 34TH STREET | FT LAUDERDALE, FL 00000 | 13 STREET ADDRESS | 14 CITY-ST-ZIP |
| PTD | MAGLIO, ALMA | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 117 LEGENDARY CIRCLE | PALM BCH GRDNS, FL 00000 | 22 NAME | 23 STREET ADDRESS |
| <input type="checkbox"/> DELETE | | 24 CITY-ST-ZIP | 3.1 TITLE |
| <input type="checkbox"/> DELETE | | 3.2 NAME | 3.3 STREET ADDRESS |
| <input type="checkbox"/> DELETE | | 3.4 CITY-ST-ZIP | 4.1 TITLE |
| <input type="checkbox"/> DELETE | | 4.2 NAME | 4.3 STREET ADDRESS |
| <input type="checkbox"/> DELETE | | 4.4 CITY-ST-ZIP | 5.1 TITLE |
| <input type="checkbox"/> DELETE | | 5.2 NAME | 5.3 STREET ADDRESS |
| <input type="checkbox"/> DELETE | | 5.4 CITY-ST-ZIP | 6.1 TITLE |
| <input type="checkbox"/> DELETE | | 6.2 NAME | 6.3 STREET ADDRESS |
| <input type="checkbox"/> DELETE | | 6.4 CITY-ST-ZIP | 6.4 CITY-ST-ZIP |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Alma R. Maglio* 04/29/96 (407) 848-5066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)