## ZUU4 FUK PKUFII CUKPUKATIUN ANNUAL REPORT

## Apr 22, 2004 8:00 am Secretary of State **DOCUMENT #419004** SOUTHERN COIN RENTALS INC 1-22-2004 90049 037 \*\*\*150.00 Principal Place of Business Mailing Address 8076 N. 45TH WAY 8076 N. 45TH WAY LAKE PARK, FL 33418 LAKE PARK, FL 33418 US 44000114 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. 01062004 CR2E034 (10/03) Cha-P Applied For 4. FEI Number 59-1437849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAUENZAHN, SPENCER Street Address (P.O. Box Number is Not Acceptable) 8076 N. 45TH WAY LAKE PARK, FL 33410 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. STD TITLE ☐ Delete TITLE Addition RALLENZAHN, CANDACE NAME RAUENZAHN, CANDACE NAME 8076 N. 45 - WAY STREET ADDRESS 8076 N 45TH WAY STREET ADDRESS CITY-ST-7IP PAIN Beach GARdeNS. CITY-ST-ZIP LAKE PARK, FL '00000, TITLE TITLE Defete RALLENZAHN, SPENCER RAUENZAHN, SPENCER NAME NAME STREET ADDRESS 8076 N 45TH WAY STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 00000 CITY-ST-ZIP Beach TITLE ☐ Delete TITLE ☐ Change NAME NAME, STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

FILED

(561)