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Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # J91245 (7)

1. Corporation Name
~~ABSOLUTE SYSTEMS, INC.~~ Rental Liability Management Inc.

NC 12-16-97

[redacted]

Principal Place of Business	Mailing Address
450 E. LAS OLAS BLVD. SUITE 1200 FT. LAUDERDALE FL 33301 US	450 E. LAS OLAS BLVD. SUITE 1200 FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business [21] 110 S.E. 6th Street	**2a.** Mailing Address [26] 110 S.E. 6th Street
Suite, Apt. #, etc. [22] 20th Floor	Suite, Apt. #, etc [27] 20th Floor
City & State [23] Fort Lauderdale, FL	City & State [28] Fort Lauderdale, FL
Zip [24] 33301 / Country [25] US	Zip [29] 33301 / Country [30] US

3. Date Incorporated or Qualified: 09/08/1987

4. FEI Number: 59-2852741 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 ______ 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		
TITLE	VD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HUDSON, HARRIS W		1.2 NAME		
STREET ADDRESS	450 E. LAS OLAS BLVD., SUTIE 1200		1.3 STREET ADDRESS	110 SE 6 Street, 20 Floor	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	P	☒ DELETE	2.1 TITLE	VP S	☐ Change ☒ Addition
NAME	BRAUSER, MICHAEL		2.2 NAME	James O. Cole	
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1200		2.3 STREET ADDRESS	110 SE 6 Street, 20 Floor	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VS	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	HANDLEY, RICAHRD L		3.2 NAME	James Cosman	
STREET ADDRESS	450 LAS OLAS BLVD., SUITE 1200		3.3 STREET ADDRESS	110 SE 6 St, 20 Floor	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft Lauderdale, FL 33301	
TITLE	V	☒ DELETE	4.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	GUERIN, ROBERT		4.2 NAME	Kathleen Hyle	
STREET ADDRESS	450 E. LAS OLAS BLVD., SUTIE 1200		4.3 STREET ADDRESS	110 SE 6 Street, 20 Floor	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	AST	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PEDDY, COURTLAND		5.2 NAME		
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1200		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	900002486794	
TITLE	ATT	☒ DELETE	6.1 TITLE	-04/13/98--01099--017	☐ Change ☐ Addition
NAME	CARPENTER, MICHAEL		6.2 NAME	***150.00	
STREET ADDRESS	450 E. LAS OLAS BLVD.,SUITE 1200		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

JG 4/13

CR2E034 (10/97)

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 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: [signature] James O. Cole [illegible]