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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000062400 (3) **DOCUMENT #**

CHARDE BROTHERS RENTALS, INC. Principal Place of Business Mailing Address 1104 N COLLIER BLVD-1104 N COLLIER BLVD MARCO ISLAND FL 33937 MARCO ISLAND FL 33937 3. Date Incorporated or Qualified 08/11/1995 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0613388 201 N Collie Bly 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 Florida Statutes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREUSEL, JAMIE B Street Address (P.O. Box Number is Not Acceptable) 82 1104 N COLLIER BLVD MARCO ISLAND FL 33937 83 84 City 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.

Signal of the type discrimination of registered agricultand title if applicable (NOT). Registered Agant signature required when reinstating). DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THEF	D — □ DELETE	1. 1 TITLE	PIO Change Addition
NAMt	GREUSEL, JAMIE B	1.2 NAME	MARK CHARDE 1
S REEL ADDRESS	1104 N COLLIER BLVD	1.3 STREET ADDRESS	207 n Collier Blud
CITY - ST - ZIF	MARCO ISLAND FL 33937	1.4 CHTY - ST - ZIP	MARCO ISLAND PS 33937
Tif. f	DELETE	2 1 TITLE	VP/D Change Q Addition
NAMi		22 NAME	Allen Ougret
STREET ADDRESS		2.3 STREET ADDRESS	207 n. Colleg Blood
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MANLO ISLAND FZ 33737
TITLE	DELETE	3 1 TITLE	5/0 Change Change
NAME		3.2 NAME	Joseph Charle
STREET ADDRESS		3.3 STREET ADDRESS	207 N WIN BUC
C/TY - S7 - 7/2*		3.4 CITY-ST-ZIP	Marco Island, FE 33537
THLE	DELETE	4.1 TITLE	Change Addition
NAME		4.2 NAME	Suzanne Moaq
STREET ADDRESS		4.3 STREET ADDRESS	201 N Cellien Blud
C:1Y - \$1 - Z P		4 4 CITY - ST - ZIP	Mario Island 19 33637
T 1LF	☐ DELETE	5 1 Tifle	Change Addition
NAM;		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	900001748299
City+St Zin		5 4 CITY - ST - 2IP	-03/19/9601017012
THE	☐ DELETE	6 1 TITLE	***200.00
NaM-		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
City \$1-700			
CITE ST-ZIE		6.4 CITY - ST- ZIP	

14. I do hereby certify that the information supplied with the certify that the information indicated en this annual ryonath, that I am an officer or director of the comparation appears in Block 12 or Block 13 in an action of an s filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further port or supplemental appual reports true and accurate and that my signature shall have the same legal effect as if made under contine receiver or yestee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

OFFICER OF DIRECTOR