FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089289 (9)

SUMMERLAND RENTAL INC. Principal Place of Business Mailing Address *41150 AVENUE 8" 84159 AVENUE B BIG PINE KEY FL 33043 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1995 2. Principal Place of Business 2a. Mailing Address Applied For 65-0620193 P.O. BOX 420529 Not Applicable 127 INDUSTRIAL ROAD \$8.75 Additional 5. Certificate of Status Desired Fee Required SUITE B Cily & State City & State \$5.00 May Be 6. Election Campaign Financing KEY, FLORIDA SUMMERLAND KEY, FL BIG PINE 28 Trust Fund Contribution Added to Fees Country Zιρ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 33042 33043 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SZMANSKY, ROBIN R ROBIN SZMANSKY 31159 AVE B 82 Street Address (P.O. Box Number is Not Acceptable) 27360 BARBADOS LANÉ BIG PINE KEY FL 33049 83 84 33042 SUMMERLAND KEY 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE ☐ Change ☐ Addition 1.1 TITLE SZMANSKY, ROBIN 1.2 NAME NAME 27360 BARBADOS LANE 1.3 STREET ADDRESS STREET ADDRESS SUMMERLAND KEY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 City-ST-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELFTE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Спапре Addition TITLE 5.1 TITLE NAME 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$T - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby 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 eath; that I am an officer or director of the conjugation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

FILED

Mar 13 1998 8:00am

Secretary of State