


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00**

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morlam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P97000077939 (1)**  
 1. Corporation Name  
**ISLAND RENTAL SERVICES, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>15236 CRICKETT LN.<br/>FT. MYERS FL 33919</b> | Mailing Address<br><b>P.O. BOX 442<br/>SANBEL FL 33957</b> |
|---|--|

DO NOT WRITE IN THIS SPACE

|   |                  |                     |             |  |  |
|---|------------------|---------------------|-------------|--|--|
| 2. Principal Place of Business                  |                  | 2a. Mailing Address |             | 3. Date Incorporated or Qualified<br><b>09/09/1997</b> |  |
| 21. Suite, Apt. #, etc.                         | 22. City & State | 23. Zip             | 24. Country | 25. Suite, Apt. #, etc.                                | 26. City & State   |
| 27. Zip   | 28. Country      | 29. Zip             | 30. Country | 4. FEI Number<br><b>65-0783825</b>                     | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 9. Name and Address of Current Registered Agent |                  |                     |             | 10. Name and Address of New Registered Agent           |  |

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

|          |  |     |           |              |
|----------|--|-----|-----------|--------------|
| 81. Name | 82. Street Address (P.O. Box Number is Not Acceptable) | 83. | 84. City  | 85. Zip Code |
|          |  |     | <b>FL</b> |              |

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) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD<br><b>RAMSEY, ANNE A</b>         | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>15236 CRICKETT LANE</b>          | 1.2 NAME  |   |
| STREET ADDRESS             | <b>FT. MYERS FL 33919</b>           | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VSTD<br><b>MARTINSEN, SUZANNE M</b> | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>15236 CRICKETT LANE</b>          | 2.2 NAME  |   |
| STREET ADDRESS             | <b>FT. MYERS FL 33919</b>           | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 3.2 NAME  |   |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |   |

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: *Suzanne M. Martinsen* 941-472-9789

CR2E034 (10/97)