

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

DOCUMENT # P97000077939
 Corporation Name
ISLAND RENTAL SERVICES, INC.

07-08-1999 90022 011 ***150.00

Principal Place of Business 15236 CRICKETT LN. T. MYERS FL 33919 8842 Bracken Way Fort Myers FL 33908		Mailing Address P.O. BOX 442 SANIBEL FL 33957	
Principal Place of Business 8842 BRACKEN WAY		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT MYERS FL		City & State	
Zip 33908		Country	
25		29	
Country		Country	
25		29	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1997	Applied For Not Applicable
4. FEI Number 65-0783825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent	
81 Name		85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)		FL	
83			
84 City			

I, 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.

IGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and (56) if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD RAMSEY, ANNE A 15236 CRICKETT LANE FT. MYERS FL 33919	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PD RAMSEY, ANNE A. 8842 BRACKEN WAY FT MYERS FL 33908
ME	VSTD MARTINSEN, SUZANNE M 15236 CRICKETT LANE FT. MYERS FL 33919	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP VSTD MARTINSEN, SUZANNE M. 8842 BRACKEN WAY FT MYERS FL 33908
NE		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
OE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
PE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
PE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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.

IGNATURE: SIGNATURE **6-29-99** **941-412-9789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

Dear Dept of State -

7-16-99

594 289-90022-45

P97 000077939

I spoke to a representative 3 weeks

ago explaining we never received a 1st notice
due to a move. I was told by that representative
to write a letter when I send in our form.

I did & it was sent back. I again today
talked to a representative & she said to

write another letter saying you spoke to the
Dept of state twice & she would grant us a
one time waiver. I have enclosed the letter.

If there are still problems please contact us

(941) 472-9789 and ask for the owner.

Thank You

Anne Ramsey

Island Rental Service Inc

Ref # P 97000077939