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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| DOCUMENT # 1. Corporation Name | P94000086066 | (5) |
|--------------------------------|--------------|-----|
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| TOOL | MUCH RENTAL, INC. | | | | | | | |
|---|---|--|-----------------------------------|-----------------|---|--|------------------------------|---|
| Principal Place | of Business | Mailing Add | diess | | | T INCLINER THE HEAT BY MIT EQUIT DETL | i Oderi odioi fotop dari | 00110 Bille \$14 FB01 |
| 11806 SW 181 STREET 11806 SW 181 STREET MIAMI FL 33177 MIAMI FL 33177 | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | <u></u> | Date Incorporated or Qualified 11/22/1994 | 3a. Date of Las 03/28/ | · |
| 2. Principa! Pla | ce of Business | 2a. Maing | Address | | | 4. FEI Number | L. | Applied For |
| 21 26 | | | | 65-0542250 | | Not Applicable | | |
| 22 Suite, Apr. 4 | Suite, Apt. #, etc Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | 1001 | 75 Additional se Required | |
| City & State | | City & S | State | | | 6. Election Campaign Financing | _ \$5 | .00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | ded to Fees |
| Zip | Country | Zip | ├ ─ | | This corporation has liability for intangible tax under s. 199,032, | | | |
| 24 | 25 | [29] | | 30 | | Florida Statutes | | 77 |
| | 9. Name and Address of Curre | nt Hegistered Ag | jent | 81 | | 10. Name and Address of New R | egistered Agent | |
| A7EDED | O, JOLMES | | | | | | | |
| | W 181 STREET | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptabl | e) | |
| MIAMI F | L 33177 | | | 83 | | | | |
| | | | | 84 | City | | FL 85 | Zip Code |
| familiar with | id agent, or both, in the State of Flori n, and accept the obligations of, Sec | ida. Such change tion 607,0505. Flo | was authorized orida Statutes. | by the corpo | oration's bo | oration submits this statement for the purp and of directors. Thereby accept the appo | ointment as register | s registered office red agent. I am |
| 12. | Signature, typed or printed name of registered ages | ID DIRECTORS | (NOTE | Bigisteres Agen | t signatur i regu | Governmenstaling* ADDITIONS/CHANGES TO OF FI | DATE CEDS AND SIGN | TOTIC IL LO |
| TITLE | OPT | | DELETE | 1.111116 | | ADDITIONS CHANGES TO OFFI | CERS AND DIREC | |
| NAME | AZEREDO, JOLMES | _ | | 1.2 NAME | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| STREET ADDRESS | 11806 SW 181 STREET | | | 1.3 STREET | 22380114 | | | |
| CITY-ST-ZI2 | MIAMI FL | | | 14 CITY S | | | | |
| TITLE | S | | DELETE | 2 1 THEF | | | Chang | e 🗍 Addition |
| NAME | AZEREDO, MELMA | | | 2.2 NAME | | | | |
| STREET ADDRESS | 11806 S.W. 181 STREET | | | 2.3.51EEE1 | ADDRESS | | ŧ | |
| CHY-ST-ZIP | MIAMI FL | | | 2.4 CITY - ST | r - ZIP | | | _ [|
| THTLE | | | DELETE | 3 1 101LE | | | ☐ Chang | je 🔲 Addition |
| NAME | | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | 33 518661 | ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4.0 (1Y - S) | - 7:61 | | | |
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| NAME | | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | | 4 3 STREET | ADDRESS | | | |
| C(TY-ST-ZIP | | <u>.</u> | | 4.4 CITY - S1 | . ZIF | | | |
| TITLE | | Ĺ. | DELETE | 5 1 1HLF | | | ☐ Chang | e Addition |
| NAME | | | | 5.2 NAME | | | | Ì |
| STREET ADDRESS | | | | 53 STREET. | | | | |
| CHY-ST-ZIP | | <u></u> | Transaction | 5 4 City St | - 21F | | | |
| TITLE | | | DELETE | 6 1 TITLE | | | ☐ Chang | lē ☐ Addition |
| NAME PERFECT ADDRESS | | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | 62 STREET | | | | |
| CHY-SI-ZIP | certify that the information survivide | un the three forces in an | chart will, formiels | 64 CHY SI | ZIP | for the constraint of the Cons | 27:2:4 | |

I do hereby certify that the information supplied with this fung is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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: X SCHATURE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytone Phone •