

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 406746 (8)

1. Corporation Name

REDDI-RENTS, INC.



Principal Place of Business

2045 ATLANTIC BLVD.
JACKSONVILLE FL 32207

Mailing Address

2045 ATLANTIC BLVD.
JACKSONVILLE FL 32207

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GUTMAN, ARTHUR J, ATTY
3753 UNIVERSITY BLVD, W #200
JACKSONVILLE FL 32217

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE DSA
NAME GUTMAN, ARTHUR
STREET ADDRESS 4020 VILLA CALESA #201
CITY-STATE-ZIP JACKSONVILLE, FL 00000

TITLE STD
NAME BEAR, MARCELLE L
STREET ADDRESS 6000 SAN JOSE BV 10A
CITY-STATE-ZIP JACKSONVILLE, FL 00000

TITLE PD
NAME BEAR JR, JACK I
STREET ADDRESS 4321 KELNEPA DRIVE
CITY-STATE-ZIP JACKSONVILLE, FL 00000

TITLE STD
NAME BEAR, CATHERINE L
STREET ADDRESS 4311 KELNEPA DR
CITY-STATE-ZIP JACKSONVILLE FL 32

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81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 11501 Old St Augustine Rd apt 42

84 City JACKSONVILLE

FL 85 Zip Code 32258

11. Pursuant to the provisions of Sections 607.01-02 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, the undersigned, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE
15 NAME
16 STREET ADDRESS 11501 Old St Augustine Rd apt 42
17 CITY-STATE-ZIP JACKSONVILLE FL 32258

18 TITLE STD
19 NAME BEAR, MARCELLE L
20 STREET ADDRESS 6000 SAN JOSE BV 10A
21 CITY-STATE-ZIP JACKSONVILLE, FL 32258

22 TITLE
23 NAME
24 STREET ADDRESS
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35 NAME
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37 CITY-STATE-ZIP

38 TITLE
39 NAME
40 STREET ADDRESS
41 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK I BEAR JR

3-19-96 904 346 2741

CR2E034 (12/95)