

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

FILED
Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # 429000 (3)

1. Corporation Name
SPACE RENTALS, INC.



Principal Place of Business

**1270 WINDSOR PLACE
 JACKSONVILLE FL 32206
 US**

Mailing Address

**1270 WINDSOR PLACE
 JACKSONVILLE FL 32206-7869
 US**

21 2. Principal Place of Business
1903 Woodmere Dr
 Suite, Apt. #, etc.

26 2a. Mailing Address
1903 Woodmere Dr
 Suite, Apt. #, etc.

22 City & State
Jacksonville, FL

27 City & State
Jacksonville, FL

24 Zip **32210**

29 Zip **32210**

3. Date Incorporated or Qualified **06/22/1973** **3a.** Date of Last Report **03/12/1996**
4. FEI Number **50-1472093** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ALLEN, PAMELA L.
 1270 WINDSOR PLACE
 JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name **Allen Pamela L**
82 Street Address (P.O. Box Number is Not Acceptable) **1270 Windsor Place**
83 **84** City **FL** **85** Zip Code

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 _____ DATE _____
(Print name of registered agent and be stampable) (Print Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, PAMELA L.	1.2 NAME
STREET ADDRESS	1270 WINDSOR PLACE	1.3 STREET ADDRESS
CITY, ST, ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, RUBEN G.	2.2 NAME
STREET ADDRESS	1270 WINDSOR PLACE	2.3 STREET ADDRESS
CITY, ST, ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do 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 executive 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 on Back 12 or 13, or 13 if changed, or on an attachment with an address.

SIGNATURE: *Pamela Allen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97 *904-388-5027*
 Date System Phone #

CR2E034 (9/96)