SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # 542411 BENNETT'S RENT-IT, INC. Principal Place of Business Mailing Address 90 NE ALICE STREET 80 NE ALICE STREET JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 3a. Date of Last Report 3. Date Incorporated or Qualified 06/16/1995 08/05/1977 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-1764506 90NBA1 Not Applicable GONE ALICE \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199 032 30 MARTIN Yes No Florida Statutes 29 Name and Address of New Registered Agent Name and Address of Current Registered BENNETT, ROBERT E R2 90 N.E. ALICE STREET JENSEN BEACH FL 34957 83 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the abo
office or registered agent, or both, in the State of Florida. Such change was authorized tagent. I am familiar and accept the obligations of Section 607.0505. Florida Statut ent for the purpose of chang SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)OF FICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1.10118 TITLE PD CR2E034 1.2 NAMÉ BENNETT, ROBERT E NAMÉ 1.3 STREET ADDRESS STREET ADDRESS 90 N E ALICE ST JENSEN BEACH, FL 00000 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 THILE BENNETT, HELEN P 2.2 NAME NAME 90 N E ALICE ST 2 3 STREET ADDRESS STREET ADDRESS JENSEN BEACH, FL 00000 2 4 CITY - ST - 71P CITY-ST-ZiP Change Addition DELFIL 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4.1 HILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 THLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 FTHLE THILE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP CITY - ST - ZIP

4. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or of an attachment with a laddress.

SIGNATURE: