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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # 684424

ALICE MAE RENTAL SERVICE, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90130 041 ***150.00



Principal Place	e of Business	Mailing Address						-	
13010 WALSING	GHAM RD	13010 WALSINGHAM RD	13010 WALSINGHAM RD						
LARGO FL 33774		LARGO FL 34844			DO NOT WRITE IN THIS SPACE				
US		•	•			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					08/18/1980				
2. Principal P	lace of Business	2a. Mailing Address	•		4. FEI Number			Applied For	
21	·	26	•		59-2026267			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			5 Additional Required	
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing		\$5/	DO May Be	
 		28			Trust Fund Contribution			ed to Fees	
Zip	Country	Zip 5 2 2 2 2 4	Country	· · ·	8. This corporation owes the curre	nt vear Ints			
	25	3 3 77 4 30		U5	Personal Property Tax.	in year into	Yes	/2(No	
24	9. Name and Address of Curren		$ \tau$		10. Name and Address of New R	egistered /			
· · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	t registated Agent	81	Name	10. 110.	<u> </u>			
MECKFESSEL, RONALD W									
13010 WALSINGHAM RD			82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)				
		83							
CAIN	GO FL 33774		83						
	·		84	City		FL	85 2	Zip Code	
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes, t	he abov	Le-named corp	oration submits this statement for the	ournose of a	changing	its registered	
l office or n	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was autho	nizea by	tne corporation	on's board of directors. I hereby accept	the appoin	itment a	s registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if annimable (NOTF: Per	elarad Age	nt signature require	d when reinstating)	DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF		D DIREC	TORS IN 12	
TITLE	DPST	DELETE	1.1 TITLE				[] Chan		
NAME	MECKFESSEL, RONALD W	_	1.2 NAME						
	13010 WALSINGHAM ROAD			TADDRESS					
STREET ADDRESS	l .		1.4 CITY-S					1	
CITY-ST-ZIP	LARGO, FL 00000 33774	☐ DELETE	2.1 TITLE	31-ZIP			Chan	ge Addition	
TITLE		- Decere						• -	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	TADDRESS	,				
CITY-ST-ZIP			2.4 CITY-	ST-ZIP				no Daddisia	
· TITLE ~		☐ DELETE-	3.1 TITLE	· -	٠		Chan	ige 📑 🔲 Addition.	
NAME	}		3.2 NAME					,	
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Char	nge 🔲 Addition	
NAME			4. 2 NAME					ľ	
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP	-		4.4 CITY-5					l	
TITLE	<u> </u>	☐ DELETE	5.1 TITLE				Char	nge Addition	
		, <u> </u>	5.2 NAME		•			·	
NAME				T ADDRESS					
STREET ADDRESS		ì	5.4 CITY- S		<u>.</u>				
CITY-ST-ZIP	 	☐ DELETE	6.1 TITLE	91-GF			□ Char	nge Addition	
TITLE		□ pere⊥e	6.2 NAME					a	
NAME	<u>.</u> .		•					1	
ATDEET ADDDEED	İ		6.3 STREE	TADDRESS					

CITY-ST-ZIP 14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: