FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702096 (9)

1. Corporation Name

FLORIDA WEST COAST RENTAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8632 CASPER AVE HUDSON FL 34234	8632 CASPER AVE HUDSON FL 34234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1961
3a. Date of Last Report: 02/04/1994
4. FEI Number: 65-0004822 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6630 Central Ave	26 1750 N. Washington Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, Fl	City & State 28 Sarasota, Fl
Zip 24 33707 County 25 Pinellas	Zip 29 34234 County 30 Sarasota

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACKSON, RON 8632 CASPER AVENUE HUDSON FL 33707	81 Name: Robert Pinsker 82 Street Address (P.O. Box Number is Not Acceptable): 6630 Central Ave 83 84 City: St. Petersburg FL 85 Zip Code: 33707

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: Robert C. Pinsker 4/27/95
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	SIPE, DAVID	12 NAME		
STREET ADDRESS	14100 US 19N,SUITE 123	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP		
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	KAIGHIN, DAVID	22 NAME		
STREET ADDRESS	1750 N WASHINGTON BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	Director	☐ Change ☑ Addition
NAME	PINSKER, DAVE	32 NAME	Ron Jackson	
STREET ADDRESS	6630 CENTRAL AVE.	33 STREET ADDRESS	8632 Casper Ave	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	Hudson, Fl 34234	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DENLINGER, RICHARD	42 NAME		
STREET ADDRESS	5867 54TH AVE., N.	43 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. 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)(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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Pinsker Robert Pinsker 4/27/95 813-381-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087650