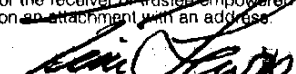


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F01458 (1) 1. Corporation Name LEWIS RENTAL PROPERTIES, INC.					
Principal Place of Business 3600 NW BOCA RATON BLVD. BOCA RATON FL 33431 US			Mailing Address 3600 N.W. BOCA RATON BLVD. BOCA RATON FL 33431 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1980	
21		25		4. FEI Number 59-2039687	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23		28		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
Zip		Zip			
24		29			
Country		Country			
25		30			
9. Name and Address of Current Registered Agent BARBA, THOMAS A. 400 S. DIXIE HIGHWAY BLDG. 3, SUITE 324 BOCA RATON FL 33432				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		VD		1.1 TITLE	
NAME		LEWIS, TIMOTHY		1.2 NAME	
STREET ADDRESS		3600 N.W. BOCA RATON BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP		BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE		STD		2.1 TITLE	
NAME		LEWIS, JEANETTE		2.2 NAME	
STREET ADDRESS		3600 N.W. BOCA RATON BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP		BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE		PD		3.1 TITLE	
NAME		LEWIS, TIMOTHY		3.2 NAME	
STREET ADDRESS		3600 N.W. BOCA RATON BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP		BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE				4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE				5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE				6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 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.					
SIGNATURE:  4/9/98 561-794-9500					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)