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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F11933

1. Corporation Name

ALL-U-CAN-RENT, INC.

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90151 037 \*\*\*150.00

,						
Principal Place	e of Business	Mailing Address				
% STANLEY A	DE LUGA	% Stanley a de i	% Stanley a de luga			·
2721 S.W. 69TH			2721 S.W. 69TH CT.			DO NOT WRITE IN THE CRACE
MIAMI FL 33155	5	MIAMI FL 33155				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 01/09/1981
2. Principal Pl	lace of Business	2a. Mailing Addres	S			4. FEI Number Applied For
21		26	<del></del>			59-2052910 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired . \$8.75 Additional
22		27				1-66 reduiled
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28		0 4		Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax.   ☑ Yes □ No
24	25	29	30	- 1		10. Name and Address of New Registered Agent
	9. Name and Address of Co	urrent Registered Agent		81	Name	
DEL	LUGA, STANLEY A					
1	I S.W. 69TH CT.			82	Street /	Address (P.O. Box Number is Not Acceptable)
	WI FL 33155			83		
				63		
		•		84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607	7 0502 and 607 1508. Florida	Statutes, the	e above	e-named	
office or re	egistered agent, or both, in the S	State of Florida. Such change	was authori	ized by	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. i ai	m familiar with, and accept the o	obligations of, Section 607.00	Jo, Florida S	olalules.	-	
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable.	(NOTE: Regist	tered Agen	t signature n	required when reinstating) DATE
12.		S AND DIRECTORS		13.	,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DEL	ETE 1.	I.1 TITLE		☐ Change ☐ Addition
NAME	DE LUGA, STANLEY A		1	I.2 NAME		
STREET ADDRESS	2721 S.W. 69TH CT.		: 1	I.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI, FL 0		1	1.4 CITY-S	T-ZIP	
TITLE	VSD	☐ DEL	*			
NAME	DE LUGA, MARTA R			2.1 TITLE		Change Addition
STREET ADDRESS				2.1 IIILE 2.2 NAME		Change Addition
•	2721 S.W. 69TH CT.		2.	2.2 NAME	r address	
CITY-ST-ZIP	2721 S.W. 69TH CT. -MIAMI, FL-0		2. 2.	2.2 NAME 2.3 STREET		
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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.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-261-6920