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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F46205

(3)

Mailing Address

JDJ RENTAL, INC.

Principal Place of Business

FILED									
May 05 1997 8	8:00am								
Secretary of	State								

EH ED

C/O JOHN BROWN. JR. 721 NE 45TH ST FT LAUDERDALE FL 33334		C/O JOHN BROWN. JR. 721 NE 45TH ST FT LAUDERDALE FL 33334-3249							
		_					 Date Incorporated or Qualified 09/28/1981 	3a. Date of 04/17	of Last Report /1996
2. Principal Place of Business			26. Mailing Address				4. FEI Number 59-2132209		Applied For Not Applicable
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 Additional Fee Required
23	City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Zip	Country 25	Zip 29	30 Co	untry		8. This corporation has liability for it Florida Statutes	intangible tax Yes 🔲 N	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	BROWN, JEFF		· · · · · · · · · · · · · · · · · · ·		81	Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5484 NW 59TH PLACE FT. LAUDERDALE FL 33319			82	2 Street Address (P.O. Box Number is Not Acceptable)					
					83				
					84	City		FL	7ip 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE BROWN, DAVID NAME 1.2 NAME **5840 NE 20TH AVE** STREET ADORESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CHY- ST-7IP DELETE Addition Change TITLE 21 DILE **BROWN, JOHN** NAME 2.2 NAM(721 N.E. 45TH STREET STREET ADDRESS 23 STREET ADDRESS FT.LAUDERDALE FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BROWN, JEFFREY M 3.2 NAME **5484 N W 59TH PLACE** STREET ADDRESS 3.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 3.4. CHY-ST-ZIP DELFTE Change ___ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do 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 eath; 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.

IONATURE Deffree m Phones Trecor M Round 4-14-97 771-435