Mar 24, 1999 8:00 am

Secretary of State

03-24-1999 90051 042 \*\*\*150.00

## 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 # F46205**

1. Corporation Name

JDJ RENTAL, INC.							
Principal Place of Business	Mailing Address						
C/O JOHN BROWN, JR. C/O JOHN BROWN, JR. 721 NE 45TH ST T LAUDERDALE FL 33334 FT LAUDERDALE FL 33334				DO NOT WRITE IN	N THIS SPACE		
				<ol> <li>Date Incorporated or Qualifed</li> <li>09/28/1981</li> </ol>			
2. Principal Place of Business	2a. Mailing Address		···	4. FEI Number 59-2132209		Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>+</b>	75 Additional ee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees	
Zip Country	Zip 30	Country		This corporation owes the current y     Personal Property Tax.	ear Intangible X Yes	_	
9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Regis	stered Agent		
DOOMAL ACCEDEN		81	Name				
BROWN, JEFFREY 5484 NW 59TH PLACE FT. LAUDERDALE FL 33319		82	Street Add	treet Address (P.O. Box Number is Not Acceptable)			
		83	- <del>-</del>	<u> </u>		*** .	
		84	City		FL 🗀	Zip Code	
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obline.	te of Florida. Such change was autho	rizea ov i	ine corporati	poration submits this statement for the purpon's board of directors. I hereby accept the	oose of changir appointment	ng its registered as registered	
SIGNATURE Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: Regi	stered Ageni	signature require	A Wildir Tollistating)	DATE		
12. OFFICERS	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICE			
TITLE , D	☐ DELETE	1.1 TITLE			Cha	ange	
NAME BROWN, DAVID		1.2 NAME					
STREET ADDRESS 5840 NE 20TH AVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP FT LAUDERDALE FL		1.4 CITY-ST	ZIP				

☐ Addition ☐ DELETE 2.1 TITLE ☐ Change TITLE **BROWN, JOHN** 22 NAME NAME 721 N.E. 45TH STREET 2.3 STREET ADDRESS STREET ADORES FT.LAUDERDALE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE BROWN, JEFFREY M 3.2 NAME NAME 5484 N W 59TH PLACE 3.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE ππE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZİP ☐ Change Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 officer or director of the Block 12 or Block 13 if

SIGNATURE:

3-22-99

CR2F034 (11/98)