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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 28 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000329 (0)

WEIS RENTALS, INC.

SIGNATURE:

Principal Place of Business Mailing Address 2284 DIXIE LEE CT 2284 DIXIE LEE CT ST JAMES CITY FL 33956 ST JAMES CITY FL 33956-					P1187-1788-1888-1888-1888-1888-1888-1888	3. Date Incorporated or Qualified 3a. Date of Last Report			
						01/19/1996		0/1996	нероп
2. Principa	of Place of Business	2a. Mailing Address		•••••		4. FEI Number	1 0 4 .	· · · · · · · · · · · · · · · · · · ·	applied For
21	THE RESERVE THE PER PER PERSON OF THE PERSON	26			***************************************	48-0773942		١	lot Applicable
	pt. #, elc	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional
22 City & S	State	City & State				6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		Required
23		28				Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Countr	У		8. This corporation has liability for	intangible	tax under	s. 199.032,
24	25 25 9. Name and Address of Cui		30					No	•
wi	EIS, GARY L	tent uadistaten whent	81	ıT	Name	10. Name and Address of New R	egistered /	Agent	
	84 DIXIE LEE CT		******	1					
	JAMES CITY FL 33956		62	1	Street Add	ddress (P.O. Box Number is Not Accepta	ible)		
			83	1				·····	
			84	╁	City		····	85 Zip	Code
					•	orporation submits this statement for the	FL	1 1	
SIGNATUR	Stgr at ee, typed or ported name of registered	d agent and title if applicable (NOTE	Registered Ag			quired when reinstating)	DATE		
12.	OFFICERS PD	AND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
NAME	WEIS, GARY L	F"I hereit	1.1 TITLE 1.2 NAME					L Change	Addition
STREET ADDRES	ASSA DIVIP LEP AT		1.3 STREE		ADDRESS				
GHY-ST-20F	ST JAMES CITY FL 33956		1.4 CITY-						
TITLE	ST	DELETE	2.1 TITLE					☐ Change	Addition
NAME	WEIS, CHAR		2.2 NAME						
STREET ADDRES	ST JAMES CITY FL 33956		2.3 STREE		1		٠		
City+St+2iF Ti*Lf	OT WANTED OTT I TE 03330	DELETE	2 4 CITY-	Si	- ZIP			Change	Addition
NAME			3.2 NAME					onango	7,00
STREET ADORES	58		3 3 STREE	TAI	DDRESS				
CITY-ST ZIF			3.4. CITY-	si	-ZIP				
THE		L DELETE	4.1 TIFLE	_				Change	Addition
NAMÉ CIURET EDIGICO			4. 2 NAME		PDDCCO				
STREET ADDRES CHY-S1-ZiP	(3)		4.3 STREET 4.4 CITY-5						
TITLE		DELETE	5.1 TITLE	31.	, <u>F</u> tt			☐ Change	Addition
NAME			5.2 NAME					•	
STREET ADDRESS	5		5.3 STREET	1 AI	DDRESS				
C(1Y - S1 - 7)P		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-5	\$1-	- ZIP				
TILLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME STULL ADDRESS			6.2 NAME		DDDCCC				
STREET ADDRES COTY - ST - ZIP	5		6.3 STREET						
14. I do ne	reby certify that the information supp	blied with this filling does not qualify	6.4 CITY - 5 y for the exe	em	option state	ed in Section 119.07(3)(i), Florida Statuti	es. I further	certify tha	t the
informa Lam ar	ation indicated on this annual report o	or supplemental annual report is tra or the receiver or trustee empower	ue and acci ered to exec	1176	ate and tha ite this repo	nat my signature shall have the same leg port as required by Chapter 607, Florida	al effect as	if made ur	rder neth: that

President