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Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003422 (0)

1. Corporation Name

RENTMART RENT TO OWN, INC.

Principal Place of Business

PO BOX 660237
DALLAS TX 75266-0237

Mailing Address

PO BOX 660237
DALLAS TX 75266-0237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GADE, MICHAEL J	
STREET ADDRESS	250 CARPENTER FWY	
CITY-ST-ZIP	IRVING TX 75062-2729	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GARRISON, RICHARD P	
STREET ADDRESS	250 CARPENTER FWY	
CITY-ST-ZIP	IRVING TX 75062-2729	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLONE, THOMAS R	
STREET ADDRESS	250 CARPENTER FWY	
CITY-ST-ZIP	IRVING TX 75062-2729	
TITLE	VI	<input type="checkbox"/> DELETE
NAME	HUGHES, JOHN F	
STREET ADDRESS	250 CARPENTER FWY	
CITY-ST-ZIP	IRVING TX 75062-2729	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUSSELL, CHARLES E	
STREET ADDRESS	250 CARPENTER FWY	
CITY-ST-ZIP	IRVING TX 75062-2729	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAYES, TIMOTHY M	
STREET ADDRESS	250 CARPENTER FWY	
CITY-ST-ZIP	IRVING TX 75062-2729	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	

14. I hereby certify that the information supplied with this filing is true and correct. I am the President, Vice President, Secretary, or Treasurer of the corporation, or the receiver or trustee of the corporation, or the person who has been designated as the person to file this report as required by Chapter 607, Florida Statutes; and that the information is true and correct.

Certify that the information under oath; that I am an officer or director of the corporation, or the receiver or trustee of the corporation, or the person who has been designated as the person to file this report as required by Chapter 607, Florida Statutes; and that the information is true and correct.

SIGNATURE:

[Signature]

2/28/98

Phone # 0517605

CR2E034 (10/97)