

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003859 (2)

1. Corporation Name
RENT RITE OF B.W.I. INC.



Principal Place of Business
PO BOX 5802
WEST HOLLYWOOD FL 33083-5802

Mailing Address
PO BOX 5802
WEST HOLLYWOOD FL 33083-5802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

59-2475026

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

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

JOSEPH, MARK
2719 GULFSTREAM DR
MIRAMAR FL 33023

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 filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

C
JOSEPH, MARK M
2719 GULFSTREAM DR.
MIRAMAR FL 33023

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

C
VOLNEY, CAMILLA
2719 GULFSTREAM DR.
MIRAMAR FL 33023

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
JOSEPH, PHILOMEN
% VALERIE JOSEPH SUNBUILT LTD.
CASTRIES ST. LUCIA W.I.

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
FLAVIEN, VALERIE
% SUNBUILT LTD.
CASTRIES ST. LUCIA W.I.

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
VOLNEY, CAMILLA
5001 SW 20 ST.
HOLLYWOOD FL 33023

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
JAY, TREVOR
% MARISULE P.O.
CASTRIES ST. LUCIA W.I.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change

☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change

☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change

☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change

☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change

☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

MARK M JOSEPH

04/23/98

9542246845

CR2E034 (10/97)