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 # G13019

(6)

	RENT-ALL INC. De of Business ROAD	Mailing Address 3301 PLACIDA ROAD ENGLEWOOD FL 34224-801	0			
				I	Date Incorporated or Qualified 12/13/1982	3a. Date of Last Report 06/04/1996
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					59-2236727	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	.)		Trust Fund Contribution	☐ Added to Fees
Z ₁ D	Country 25	Ζιρ 29	Country		This corporation has liability fo Florida Statutes	r intangible tax under s. 199.032,
g, Name and Address of Current Registered Agent					10. Name and Address of New R	legistered Agent
	WELLBAUM JR.		81 1	lame		
350 S INDIANA AVE ENGLEWOOD FL 34223			82 5	treet Addre	ss (P.O. Box Number is Not Accepte	able)
ENG	DLEWOOD FL 34223		83			
 			84 (City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named cor						FL
office or agent 1 a \$IGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obti- signative typostic protect name of registered a	le of Florida. Such change was a igations of, Section 607.0505, Flo	authorized by the prida Statutes.	e corporatio	n's board of directors. I hereby acc	ept the appointment as registered
12.		ND DIRECTORS	13.	iffragrae techniec	ADDITIONS/CHANGES TO OFF	
TILE	PD	DELETE	1.1 TITLE			Change Addition
NAME			1.2 NAME			
STREET AUDRESS	ENGLERICOR PLACES		1.3 STREET AD	1		
CHY-SI-ZIF TITLE	V	DELETE	1.4 CITY - ST - Z 2.1 TITLE	3P		Change Addition
NAME	SCHWORM, EARL F.	 -	2.2 NAME			
STREET ADDRESS			2.3 STREET AD	DRESS		
CHTY - S1 - ZIP	PLACIDA FL	DELETE	2. 4 CITY - ST - 3	ZIP		Change Addition
TIDLE NAME	ST SCHWORM, LAVOHN	ריין מבנינונ	3.1 TITLE 3.2 NAME			T cliquide T Vontrion
STREET ADDRESS	1040/ 444		33 STREET AD	DRESS		
CITY-ST-7IF	PLACIDA FL		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	pproc		I
STREET ADDRESS CITY-ST-ZIP			4.3 STREET AD 4.4 CITY - ST - 2			
THILE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AD	DRESS		
CITY-ST-7/P	n,	DELETE	5.4 CITY - ST - 2 6.1 TITLE	PIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE NAME		LJ DELETE	6.1 IIICE 6.2 NAME	1		Change (T Monton

14. If 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 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 B'ock 12 or Block 13 if changes, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/25/97 941-697-2225

FILED

Mar 31 1997 8:00am

Secretary of State

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