## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation Name

Principal Place of Business

2396 OVERSEAS HWY.

**DOCUMENT #** 

MADATHON	RAAT	<b>RENTALS</b>	INCORPORATI	ח=

2396	na marie brown Overseas hwy. Ithon FL 33050	% TINA MARIE BR 2396 OVERSEAS H MARATHON FL 33(	MY.		3. Date incorporated or O inlified 01/15/1985	<b>3a.</b> Do	ute of Last Report 04/25/1995
<b>-</b>	oal Place of Business	2a. Mailing Address			4. FEI Number 59-2659780	<u> </u>	Applied Fo
h	Apt. #, etc.	26			5. Certificate of Status Desired		\$8.75 Addition. Fee Required
City &	State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Count	ry		□ No	
24	9. Name and Address of Curre	ent Registered Agent		1 Name	10. Name and Address of New R	egistere	ed Agent
В	ROWN, TINA MARIE				ess (P.O. Box Numiber is Not Acceptab	<del>)ie)</del>	

Mailing Address

|--|

Applied For Not Applicable \$8.75 Additional

MAKAII	HUN FL 33050	-   -		
			City	FL 85 710 Code
11. Pursuant to or registere familiar with	the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a d agent, or both, in the State of Florida. Such change was authorized by the , and accept the obligations of, Section 607.0505, Florida Statutes.	L	arned co ration's	orporation submits this statement for the purpose of changing its registered office board of directors. Thereby accept the appointment as registered agent. I am
SIGNATURE	Ignature, typed or printed name of registered agent and title if applicable. (NOTE Register	red Agent	signature r	equad what renshing. Usits
12.	OFFICERS AND DIRECTORS 1	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE 1.	1 1111.8		Change Addition
NAME	BROWN, TINA MARIE	2 NAME		
STREET ADDRESS		3 STREET	ADDRESS	
CITY-ST-ZIP	MARATHON FL 1.	4 CHY-ST	- ZIP	
TITLE		1 TITLE		Change Addition
NAME	2	2 NAME		
STREET ADDRESS	2	3 STREET.	ADDRESS	
CITY-ST-ZIP		4 CITY-SI	- ZIF	Change Addition
TITLE	☐ DELETE 3	1 THILE		Change Addition
NAME		2 NAME		
STREET ADDRESS	3.	.3 STREFT	ADDRESS	
CITY-ST-ZIP		4 CH1Y - S	1 · ZIP	Change Addition
TITLE		1 TITLE		Cuange   Madular
NAME		2 NAME		
STREET ADDRESS	4	3 STREET	ADDRESS	
CITY-S1-ZIP		4 CITY-S	1 · ZIP	Change Addition
TITLE	<u></u>	i, 1 TITLE		Change C Notation
NAMÉ		2 NAME		
STREET ADDRESS	5	3 STREET	ADDRESS	
CiTY - ST - ZiP		4 CITY - S	t - 7iP	Change Addition
TITLE		1 THILE		
NAME		S.2 NAME		
STREET ADDRESS	<b>1</b> 6	5.3 <b>S</b> TREE1	ADDRESS	
CITY - ST - ZIP	<u> </u>	5.4 CITY - S	T-ZIP	ualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
a a lala be	and the test the information supplied with this filing is voluntarily furnished a	ana doe	s not av	Bally for the exemption stated in decion 113.0 (o)(v), Florida Stated 33.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 1.1307 (s)(ii), Frontal Statutes Authorities that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under early 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.

Fina M. Brown - Pres. 3-18-96 305-743-8376