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**

	MENT # H64408 HALES & RENTAL, INC.	(8)				T TRAVEN ONE ONLY AND			ând y lâdd
Principal Place of Business 2120 N. ORANGE BLOSSOM TRAIL P.O. BOX 547097 ORLANDO FL 32804		Mailing Address 2120 N. ORANGE BLOSSOM TRAIL P.O. BOX 547097 ORLANDO FL 32604-5611			3. Date Incorporated or Qualified 3a. Date of Last Report				
US		US			 Date Incorporated or Qualified 06/28/1985 	ı	ate of Last R 1 15/1996	eport	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<u></u>		plied For
21		26	,			59-2575477			ot Applicable
Suite. Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additionat equired
City & State	<u> </u>	City & State				6. Election Campaign Financing	•		May Be
23	•	28				Trust Fund Contribution		Added	
Zιρ	Country	Zip	Cou	ntry		8. This corporation has liability fo			. 199.032,
24	25	29	[30]				Yes !		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New R	egistered	Agent	
HOOD, CHARLES M., III									
2120 N. ORANGE BLOSSOM TR. ORLANDO FL 32804				82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
URLANDU PL 32804				83					
				84	0111			las Zo	Code
					City		FL	. `	
office or n agent. Lai						rporation submits this statement for the ation's board of directors. I hereby acc		r changing ii pointment as	registered registered
40				d Age	nt signature requ	uired when reinstating)	DATE OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND DIRECTORS DELETE			TLE		ADDITIONS/CHANGES TO OFF	CERS AN	Change	Addition
NAME	HOOD, CHARLES M., III			ME	1				
STREET ADDRESS	2120 N. ORANGE BLSM TR.				ADDRESS				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CITY-SI-ZIP	ORLANDO FL			TY-51	r-zip				
TILE	VD DELETÉ			TLE				Change	Addition
NAME	HOOD, JOHN E.		2.2 N	ME	1				}
STHEET ADDRESS	2120 N. ORANGE BLSM TR.		2.3 \$1	REET	ADDRESS				ļ
CITY-ST-ZIP	ORLANDO FL	[] or exc			T-ZIP			7 1 50	- 1 A 1400
THEE				3.1 TITLE				L Change	Addition
NAME			32 N	-	ADDOCCO				ļ
STHEFT ADDRESS					ADDRESS				
CITY-ST ZIP TITLE				3.4. CITY - ST - ZIP 4.1 TITLE				Change	Addition
NAME			4. 2 N		}				
STREET ADDRESS					ADDRESS				
CITY ST-ZIP			44.0	TY-S	1-21P				
THLE		DELETE	51 TITLE					Change	Addition
NAME			5.2 N	AME]
STREET ADORESS			5.3 \$	TREET	ADDRESS				Ì
CITY-ST-ZIP			5.4 C		r-ZIP			[] A	
TITLE		DELETE	6.1 Ti		1			Change	Addition
NAME:			6.2 N	4ME	- 1				1

14. I 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 supplementallannual 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 ayactment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CLTY-ST-70P

FILED

May 19 1997 8:00am

Secretary of State

0085736