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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H66079**

1. Corporation Name

A + CAI	n rentalo, inc					
Principal Place	e of Business	Mailing Address		1 1901011 DELIG BELLE CONTROL STATE	· BIEIL SIBIS BLEIL BISIT BISIT INSI	1
3800 34TH STR		3800 34TH STREET				
ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714						
				DO NOT WRITE IN TH	S SPACE	\neg
				3. Date Incorporated or Qualifed		-
 				07/12/1985	Alied Con	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-2550418	Applied For Not Applicable	
21	#	Suite, Apt. #, etc.		3972330410	\$8.75 Additional	-
Suite, Apt.	#, etc.			5. Certifcate of Status Desired	Fee Required	
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be	
 , •	e	28		Trust Fund Contribution	Added to Fees	
Zíp	Country	Zip	Country	8. This corporation owes the current year		
24	25	——————————————————————————————————————	30	Personal Property Tax.	☐ Yes ☐ No	
27	9. Name and Address of Curr			10. Name and Address of New Registere	d Agent	
			81 Name			
rein	ithaler, Martin, P		82 Street A	Smith TTT Address (P.O. Box Number is Not Acceptable)		_
3333 38TH AVE NORTH				-		ļ
ST. I	PETERSBURG FL 33714		83 350	0 34th St. North		
						_
			84 City	t. Petersburg, F	L 85 Zip Code L 33714	
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statutes	s the above-named of	corporation submits this statement for the purpose	of changing its registered	_
office or r	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was aut	thorized by the corbo	ration's board of directors. I hereby accept the app	ointment as registered	
-	im familiar with, and accept the obli	gallons of, Section 607.0303, 7 long	oa Glatutes.	•		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE: F	Registered Agent signature re	quired when reinstating) DATE		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE	D	Change Addition	on
NAME	SMITH, E.W. JR.		1.2 NAME	E.W. Smith, Jr.		
STREET ADDRESS	1826 BRIGHTWATERS BLVD.		1.3 STREET ADDRESS	3800 34th St. N.		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersburg, F1 33	714	
TITLE	PTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	on
NAME	SMITH, BERT III		2.2 NAME			
STREET ADDRESS	3800 34TH ST. NORTH		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	·		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	on
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	on
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	on
NAME			5.2 NAME	• • •		
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	on
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 of 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 any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90218 036 ***150.00