PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90076 017 ***150.00

DOCUI	MENI # J66466						
1. Corporation	RENT DIRECTION, INC.						
A DIFFEI	NEINT DINECTION, INC.) HOURTH WITH BATHO BING BIRTH BANK BANK BANK BANK BANK BANK BANK	ATA BARAH BABA AJBAR IRRI	
Principal Place	e of Business	Mailing Address			# INDIALD DISC BISID BISID BISID BISID BISID BISID BIDIS BIRIS BISID BIDIS	411 616 11 01011 01011 1001	
3694 ST. JOHN		3694 ST. JOHNS AVENUE					
SUITE 3 SUITE 3				DO NOT WOITE IN THE SPACE		or	
JACKSONVILLE FL 32205 JACKSONVILLE FL 32205				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					04/10/1987		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	Rade of Business	26			29-3368343	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat	е	City & State			1 - 1 - 1	5.00 May Be	
23		28	0			Added to Fees	
Zip			Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24	9. Name and Address of Curre		30		10. Name and Address of New Registered Ager		
-	5. Name and Address of Garre	in regional region	81	Name			
TAYL	OR, DENNIS L.		82	Ctenet Ac	ddress (P.O. Box Number is Not Acceptable)		
3694 ST. JOHNS AVENUE				Street Ac	diess (P.O. Box Number is Not Acceptable)		
SUITE 3			83				
JACH	KSONVILLE FL 32205		84	City	88	Zip Code	
				'	FL	l	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above	e-named co	orporation submits this statement for the purpose of chan ation's board of directors. I hereby accept the appointme	ging its registered nt as registered	
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505, Flori	da Statutes		alloria bacina di ali colora. L'ibi aby accept une appenime		
SIGNATURE					uired when reinstating) DATE		
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:) ND DIRECTORS	13.	nt signature requ	Dired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE			Change	
NAME	TAYLOR, DENNIS L.		1.2 NAME				
STREET ADDRESS	3694 ST JOHNS AVE., STE3		1.3 STREET	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S	T-ZIP	-7-		
TITLE		☐ DELETE	2.1 TITLE			Change	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP		Change Addition	
TITLE		☐ DELETE	3.1 TITLE			Jilange [] Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-S 4.1 TITLE	1-ZIP		Change Addition	
NAME			4. 2 NAME		_	- -	
STREET ADDRESS			4.3 STREET	T ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			Change	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		0	
TITLE		☐ DELETE	6.1 TITLE		Ω	Change	
NAME			6.2 NAME				

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, with an other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS