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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name K33826 (4)

RNT SUNILAND, INC.

Principal Place of Business

Mailing Address 9990 SW 77TH AVENUE SUITE 402 9990 SW 77TH AVENUE SUITE 402

MIAMI FL 33156		MIAMI FL 33156				DO NOT WRITE IN THIS SPACE						
							3. Date Incorporated or Qualified					
							09/23/1988					
2. Principal Pi	ace of Business	2a. Mailing Address					4. FEI Number			plied For		
21	# eta	Custo Ant At alla					65-0076534	<del></del>		t Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re				
City & State	<b>)</b>	City & State				6. Election Campaign Financing		\$5.00	<del></del>			
23		28					Trust Fund Contribution		Added (			
Zip	Country	Zip	C	ountry			8. This corporation owes or has pa	id the cu	rrent year Int	angible		
24	25	29	30				Personal Property Tax due June			] No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
ATLANTIS REGISTERED AGENTS INC					Name	)						
	SE 2ND AVE #919	<b>82</b> S			Street	Addres	ss (P.O. Box Number is Not Acceptab	ρle)		<del></del>		
	BERALD DAMSKY	<u></u>							·····			
MIA	MI FL 33131			83						w ·		
				84	City			FI	85 Zip (	Code		
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	os, the	above	-named	d corpoi	ration submits this statement for the p	urpose o	f changing it	s registere		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature, typed or profed ratio of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND		11	_	organiza	- regones	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12		
TITLE	DC	DELETE 1.9		1.1 TITLE		T			Change	Additic		
NAME	Burger, Alvin		1.2	NAME		}				1		
STREET ADDRESS	9900 SW 77TH AVENUE #402	?	1.3	STREET	ADDRESS	Ì						
CITY-ST-ZIP	MIAMI FL		1.4	CITY-S	T-ZIP	<u> </u>						
TITLE	DVS	☐ DELETE	•	TITLE					☐ Change	Addition		
NAME	BURGER, SANDRA	•		NAME								
STREET ADDRESS	9990 SW 77TH AVENUE #402 MIAMI FL	•			ADDRESS	Ì						
CITY+S1-ZIP TITLE	P	DELETE		TITLE	T-ZIP	<del>                                     </del>			Change	Addition		
NAME	BURGER, ANDREW			NAME				•	Emil Gilming			
STREET ADDRESS	9990 SW 77TH AVENUE #402	)	1		address	ì						
CITY-ST-ZIP	MIAMI FL			CITY-S								
TITLE		☐ DELETE	_	TITLE		1			Change	Addition		
NAME			4.3	2 NAME								
STREET ADORESS			4.3	STREET	ADDRESS	1						
CITY-ST-ZIP		·	4.4	CITY-S	T-ZiP	<u> </u>						
TITLE		DELETE		TITLE					☐ Change	Addition		
NAME				NAME								
STREET ADDRESS					address							
CITY-ST-ZIP		DELETE		CITY-S	T-ZIP	-			Change	Addition		
TITLE NAME		ר"ו מנונוג	1	TITLE					CHRINGS			
STREET ADDRESS				NAME	ADDRESS.					]		
1					ADDRESS	ļ						
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify for	r the e	city-s	tion stat	ed in Se	ection 119.07(3)(i). Florida Statutes. I	further cr	artify that the	information		
indicated	on this annual report or supplemental	annual report is true and acc	urate a	and the	at my sic	onature	shall have the same legal effect as if	made ur	ider path; the	at Lam an		

**SIGNATURE:** 

**FILED** 

Mar 19 1998 8:00am

Secretary of State