

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M79598** (2)
1. Corporation Name
CATHEY'S RENTALS, INC.

Principal Place of Business Mailing Address
2870 FOREST HILL BLVD. **2870 FOREST HILL BLVD.**
WEST PALM BEACH FL 33406 **WEST PALM BEACH FL 33406**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/02/1988** 3a. Date of Last Report **05/01/1984**

4. FEI Number **65-0053498** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

MARTIN, GERALD A.
FORUM III, TOWER B
1665 PALM BEACH LAKES BLVD, SUITE 700
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CATHEY, CARL W., SR.
STREET ADDRESS	2870 FOREST HILL BLVD
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	DVP
NAME	CATHEY, GLORIA A.
STREET ADDRESS	2870 FOREST HILL BLVD
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	T
NAME	CATHEY, CARL W., JR.
STREET ADDRESS	2870 FOREST HILL BLVD.
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	S
NAME	MARSH, TAMARA C.
STREET ADDRESS	4151-A PALM BAY CIRCLE
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	AS
NAME	MARTIN, GERALD A.
STREET ADDRESS	1665 PALM BCH LAKES BLVD
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	AV
NAME	CATHEY, TODD M
STREET ADDRESS	2870 FOREST HILL BLVD
CITY - ST - ZIP	WEST PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<i>S Tamara C. Marsh</i>
43 STREET ADDRESS	<i>4139 B Palm Bay Circle</i>
44 CITY - ST - ZIP	<i>W. Palm Beach, FL</i>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 *407-471-4907*
DATE TELEPHONE #