


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

FILED

Apr 15 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|---|--|--|
| DOCUMENT # M81603 (6) | | | | | |
| 1. Corporation Name RENTOCO, INC. | | | | | |
| Principal Place of Business 1741 45TH ST W PALM BCH FL 33407 | | | Mailing Address 1741 45TH ST W PALM BCH FL 33407-2165 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/16/1988 | |
| 21 787 Northlake Blvd | | 26 787 Northlake Blvd | | 3a. Date of Last Report 04/26/1996 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number 65-0006233 | |
| 23 City & State North Palm Bch FL | | 28 City & State North Palm Bch FL | | Applied For Not Applicable | |
| 24 Zip 33408 | | 29 Zip 33408 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 Country Palm Bch | | 30 Country Palm Bch | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent GIBB, THOMAS D., III 1741 45TH ST W PALM BEACH FL 33407 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 787 Northlake Blvd | |
| | | | | 83 | |
| | | | | 84 City North Palm Bch FL | |
| | | | | 85 Zip Code 33408 | |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 1.1 TITLE DPS | | | | | |
| 1.2 NAME GIBB, THOMAS D. III | | | | | |
| 1.3 STREET ADDRESS 1741 49 STREET | | | | | |
| 1.4 CITY-ST-ZIP WEST PALM BEACH FL | | | | | |
| 2.1 TITLE [] DELETE | | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE [] DELETE | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE [] DELETE | | | | | |
| 4.2 NAME | | | | | |
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| 6.1 TITLE [] DELETE | | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE [] Change [] Addition | | | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE [] Change [] Addition | | | | | |
| 2.2 NAME | | | | | |
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| 6.1 TITLE [] Change [] Addition | | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-ST-ZIP | | | | | |
| 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 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: _____ | | | | | |
| DATE: _____ Daytime Phone #: 0300230 | | | | | |



CR2E034 (9/96)