

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M91089 (6)

1. Corporation Name
DAYTONA RENT-ALL INCORPORATION



Principal Place of Business 3670 RIDGEWOOD AVE PORT ORANGE FL 32119	Mailing Address 3670 RIDGEWOOD AVE PORT ORANGE FL 32119-3577
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2. Principal Place of Business 21 148 Point O' Woods Dr	2a. Mailing Address 26 148 Point O' Woods Dr	3. Date Incorporated or Qualified 07/27/1988	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3055956	Applied For Not Applicable
City & State 23 Daytona Beach FL	City & State 28 Daytona Beach FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 32114	Zip 29 32114	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HUGHES, BARRY E.
2001 SOUTH RIDGEWOOD AVE.
SOUTH DAYTONA FL 32019**

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 607.1408, 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 FEI Corporation (NOTE: Registered Agent signature required when transacting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, HUBERT	
STREET ADDRESS	3670 RIDGEWOOD AVE	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, LOUISE	
STREET ADDRESS	3670 RIDGEWOOD AVE	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, ADAM	
STREET ADDRESS	3670 RIDGEWOOD	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, JOHANNA	
STREET ADDRESS	3670 RIDGEWOOD AVENUE	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(g), 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: *Rouise Carter* 4-28-97 904-252-0857

CR2E034 (9/96)