ANNUAL REPORT 1997 Secretary of State DIVISION OF CORPORATIONS DOCUMENT # M99602 Corporation Name GEMINI RENTALS, INC. Incipal Place of Business 75 PONCE DE LEON BLVD. STE 302 ITE 302 RAL GABLES FL 33146 Principal Place of Business 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 100000000000000000000000000000000000		PROFIT RPORATION			RTMENT OF STATE	May 15	1997 8	:00a
OCCUMENT # M09602       (8)         GENNIN RENTALS, INC.       Maing Address         Incode Pland of Human Sectors       Maing Address         Shock OF LON RUD. STE 502       Maing Address         Shock OF LON RUD. STE 502       Maing Address         Control and address       Maing Address         Shock OF LON RUD. STE 502       Maing Address         Control and Address       Maing Address         Shock OF LON RUD. STE 502       Sole, Apt # doc.         Shock OF LON RUD. STE 502       Sole, Apt # doc.         Sole, Apt # doc.       21         Control and Address of Current Impactance       21         Control and Address of Current Impactance Address       4. FEI Number         Sole, Apt # doc.       21         Control and Address of Current Impactance Address       4. FEI Number         Control and Address of Current Impactance Address       5.00 Address of How Reported Address of How Reported Address         Address of Current Impactance Address       Main         Control and Address of Current Impactance Address       10. None and Address of How Reported Address         Address of How Reported Address of Current Impactance Address       10. None and Address of How Reported Address         Address of Lon Address of Coc and Rof. 100 (Corrent Impactance Address of Coc and Rof. 100 (Corrent Impactance Address of How Reported Addre	ANNU	Jal Report				-		
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Pail         65-0114953         Pail Applicable           Sure, Ar, F., etc.         Sure, Apt. #, etc.         6. Certificate of Status Desired         \$8.75.Additional           City & Statu         - City & Statu         6. Election Campaign Pransing         \$5.00 May Be           Add to Free         add to Free         \$8.75.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be           Add to Free         add to Free         \$1.00 May Be	Principal P	vace of Business	<b>2a.</b> M	Mailing Address				unlied For
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Zip     Country     Zip     Country     B. This corporation has liability for intergible parunder s. 198.032. Ford Statutes     Intersection has liability for intergible parunder s. 198.032. Ford Statutes       e. Name and Address of Lourent Registered Agent     Intersection has liability for intergible parunder s. 198.032. Ford Statutes     Intersection has liability for intergible parunder s. 198.032. Ford Statutes       4675 PONCE DE LEON BLVD, STE 302 CORAL GABLES FL 33146     Intersection submits this statement for the purpose of changing its registered office or tregistered agent, which in the state of Florids. Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered office or tregistered in the intergistered the other purpose of changing its registered office or tregistered in the intergistered intervence the other purpose of changing its registered office or tregistered intervence intervence the other purpose of changing its registered office or tregistered intervence intervence the other purpose of changing its registered office or tregistered intervence intervence the other purpose of changing its registered office or tregistered agent and there with and accept the other purpose of Section COV SOGS, Florida Statutes.       NMAILTER     OFFICETS AND DIRECTORS IN 12       Vir Intervence     OFFICETS AND DIRECTORS IN 12       OFFICETS AND DIRECTORS IN 12     111THL       JENNINGS, MILTON S.     DELETE       Vir Intervence     211HLE       Vir Intervence     211HLE       Vir Intervence     211HLE       Vir Intervence     211HLE       Vir Intervence	City & State	0	— — — — — — — — — — — — — — — — — — —	City & State				
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Addition					82 Street Add	ress (P.O. Box Number is Not Accepta	ible)	
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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	Pursuant i office or r agent 1 a SNATURE E E E E E E E E ST ADDRESS (-ST-ZIP E E E E E T ADDRESS (-ST-ZIP E E E T ADDRESS (-ST-ZIP E E E T ADDRESS (-ST-ZIP E E E E T ADDRESS (-ST-ZIP E E E E E T ADDRESS (-ST-ZIP E E E E E T ADDRESS (-ST-ZIP E E E E E T ADDRESS (-ST-ZIP E E E E E T ADDRESS (-ST-ZIP E E E E T ADDRESS (-ST-ZIP E E E E E T ADDRESS (-ST-ZIP E E E E E E T ADDRESS (-ST-ZIP E E E E E T ADDRESS (-ST-ZIP E E E E T ADDRESS (-ST-ZIP E E E E E T ADDRESS (-ST-ZIP E E E E T ADDRESS (-ST-ZIP E E E E T ADDRESS (-ST-ZIP E E E E T ADDRESS (-ST-ZIP E E E E T ADDRESS (-ST-ZIP E E E T ADDRESS (-ST-ZIP E E T ADDRESS (-ST-ZIP E E (-ST-ZIP (-ST	Perserved agent, or botom familiar with, and ac Signature typed or purced ran ( DPT JENNINGS, MILTO 4675 PONCE DE I CORAL GABLES F SVD ECKROADE, CARC 4675 PONCE DE I	In, in the State of Florida cept the obligations of, S DFFICERS AND DIRECT N S. LEON BLVD, STE 302 LEON BLVD, STE 302 LEON BLVD, STE 302	Such change was Section 607.0505, Fi applicable. (NO ORS DELETE	84     City       Les, the above-named cor authorized by the corpora- torida Statutes.       TE: Registered Agent signature requires torida Statutes.       13.       1.1 TITLE       12 NAME       13 STREET ADDRESS       14 CITY-ST-ZIP       21 TITLE       22 NAME       23 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       6.1 TITLE       6.2 NAME       6.3 STREET ADDRESS	tion's board of directors. I hereby acce	PL     purpose of changing it     purpose of changing it     portential     DATE     ICERS AND DIRECTOF         Change         Change         Change         Change         Change         Change         Change	s registered registered S IN 12 Addition Addition