

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # M99602 (8)  
1. Corporation Name  
GEMINI RENTALS, INC.



Principal Place of Business  
4675 PONCE DE LEON BLVD. STE 302  
SUITE 302  
CORAL GABLES FL 33146  
US

Mailing Address  
4675 PONCE DE LEON BLVD. STE 302  
SUITE 302  
CORAL GABLES FL 33146  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9301 S. W. 92nd. Ave. Suite, Apt. #, etc. 22 Unit A City & State 23 Miami, Fl. Zip 24 33176		2a. Mailing Address 26 9301 S. W. 92nd. Ave. Suite, Apt. #, etc. 27 Unit A City & State 28 Miami, Fl. Zip 29 33176		3. Date Incorporated or Qualified 09/21/1988	
Country 25 USA		Country 30 USA		4. FEI Number 65-0114953 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent

JENNINGS, MILTON S.  
4675 PONCE DE LEON BLVD, STE 302  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
9301 S. W. 92nd. Ave.,  
83 Unit A  
84 City  
Miami  
85 Zip Code  
FL 33176

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DEPT	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, MILTON S.	12 NAME	
STREET ADDRESS	4675 PONCE DE LEON BLVD, STE 302	13 STREET ADDRESS	9301 S. W. 92nd. Ave., Unit A
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Miami, Florida 33176
TITLE	SVD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKROADE, CAROLYN	2.2 NAME	
STREET ADDRESS	4675 PONCE DE LEON BLVD, STE 302	2.3 STREET ADDRESS	9301 S. W. 92nd. Ave., Unit A
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Miami, Fl. 33176
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Carolyn S. Eckroade, Inc. 4/28/98 (305) 273-7355

CR2E034 (10/97)