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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P41109

RENTAL SYSTEMS, INC.

(0)

Principal Place of Business

Mailing Address

FILED May 12 1998 8:00am Secretary of State



8700 HOLLISTER HOUSTON TX 77040						6700 HOLLISTER HOUSTON TX 77040								4 OD	IOT WRITE	IN THIS S	PACE	Ī	
													3.	Date Incorporated or 10/20/1992	Qualified				
\neg	'rinc ipal Pla	ce of Busin		2a. Mailing Address							4. FEI Number 76-0334597				Applied For Not Applicable				
21 S	Suite, Apt. #, etc.					Suite, Apt. #, etc.							+-				\$8		dditional
22						27							5.	Certificate of Status D	esired		•		quired
23	City & State	a				City & State							1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Z 24	(ip	Country 25				7ip Co-			Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.							
				Address of C			red Age	ent		\Box			10.	Name and Address	of New Re	stered A	gent		
C T CORPORATION SYSTEM										81	N	ame							1
1200 \$ OUTH PINE ISLAND RD. PLANTATION FL 33324										82	s	treet Addre	ess (P.	O. Box Number is No	t Acceptab	le)			
	. – •									83									
 										84	С	ity				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 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														s registered registered					
SIGI	NATURE _															D475			
12.	S	lgnature, typed	or pon	hid name of registe	red agent and S AND Dtl			{NO.	13		a Ins	gnature require		reinstalling) ADDITIONS/CHANGES	S TO OFFIC	ERS AND	DIRE	CTOR	S IN 12
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NAME				ROBERT T.					1.2	NAME									
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CITY-	ST-ZIP	HOUST	T NC	X					1.4	CITY-S	T - ZI	ρ							
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	ET ADORESS	HOUST								STREET									ļ
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CITY-	ST-ZIP								6.4	CITY - S	ST - ZI	Р							

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.

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