FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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P92000014731 (3) **DOCUMENT #**

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PARK I	PLACE R	BENTALS, INC.										
Principal Place	of Business	3	M	ailing Address					t indiinds isa thia bith iidii goill adiis			8 1710(1191 1891
	310 PEARL AVE. SARASOTA FL 34243 310 PEARL AVE. SARASOTA FL 34243											
									Date Incorporated or Qualified 12/29/1992		of Last Re 1/18/199	
2. Principal Pla	ace of Busin	ess)	Mailing Address				4.	FEI Number	•		Applied For
21			26						65-0376936			Not Applicable
Suite, Apt. #	#, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired		•	Additional
City & State			27	City & State			<u></u>		Election Campaign Financing			Required
23	,		28	Ony a State				6.	Trust Fund Contribution			May Be
Zip		Country		<i>Ζ</i> ψ	Co	untry		8.	This corporation has liability for	intangible ta		
24		25	29	·	30	·		-		□No		
	9, Name	and Address of Curi	ent Regis	stered Agent				10.	Name and Address of New R	egistered /	Agent	
						81	Name					
FRENCH	l, C T					82	Street Add	dress (P	O. Box Number is Not Acceptab	le!		
1750 RIN	VIGLING BI	LVD.										
SARASO)TA FL 342	236				83						
						84	City				85 Zg	Code
		*** *** *** **** **** **** **** **** ****								<u>FL</u>		
or registers	ed agent, or	ions of Sections 607.05 both, in the State of Fili pt the obligations of, Se	orda Suct	n change was authori	ized by the	ove-r corp	named corpo oration's boa	oration s ard of d	submits this statement for the pur irectors. I hereby accept the appo	pose of cha pintment as	nging its re registered	egistered office agent Larn
SIGNATURE												
	Signature, typed	or printed name of registered as					Lagratio organ	ed at a n		DATE		
12. TITLE	<u> </u>	OFFICERS A	ND DIREC	DELETE	13.		т		ADDITIONS/CHANGES TO OFF			
NAME		N, JOHN A				TITLE				L] Change	Addition
STREET ADDRESS		ARL AVE.				IAME						
CITY - ST - ZIP		OTA FL 34243					ADDRESS					
TITLE	D	VIA 1 E 07243		[7] DELETE	2 1	HV-S	1 - 214				7 Change	Addition
NAME	_	. WILLIAM V				IAME				L	_ Grange	Madition
STREET ADDRESS		ARL AVE.					ADDRESS					Į
CITY-ST-ZIP		OTA FL 34243				ITY - S						ł
TITLE	D			DELETE	3 .			****		Г	7 Change	Addition
NAME	LEWEL	LEN, JOSEPH W			321	IAME				_		_
STREE! ADDRESS		ARL AVE.			33	STREET	ADDRESS					
CITY - ST - ZIP	SARAS	OTA FL 34243			3 4 0	∍IY-S	T-ZIP					
THILE				DELETE	4 1				W. 21 P. M. 22		Change	☐ Addition
NAME					421	iAME						
STREET ADDRESS					4.3 9	TREET	ADDRESS					
CITY - ST - ZIP					440	ITY - S	T-ZIP					
THLE				☐ DELFTE	5.1	TITLE					Change	Addition
NAME					521	AMÉ						
STREET ADDRESS					538	TREET	ADDRESS					
CITY-ST-ZIP					540	IIY-S	1 - ZiP					
TITLE				☐ DELETE	6.1	TITLE					Change	Addition
NAME					6 2 N	AME						1
STREET ADDFESS					635	TREET	ADDPESS					1
CITY-ST-ZIP		the information number	al (a)		640	IIY - S	I - ZIP	•				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 60?, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: __

CR2E034 (12/95)