## 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

1996

P93000008412 (7)

DOCUMENT #

1. Corporation Name

TODAY RENTAL. INC.

TODAY HENTAL, INC.				
Principal Place of Business 8240 STATE RD 84 DAVIE FL 33324	Mailing Address % J.E. MCCOLLUM II 12721 SW 9TH PL DAVIE FL 33325			
			3. Date Incorporated or Qualified 01/27/1993	3a. Date of Last Report 03/31/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0396843	Applied For
Suite, Apl. #, etc.	Suite, Apt. #, etc.	• • • • • • • • • • • • • • • • • • • •		Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	intang ble tax under s. 199.032,
24 25 9 Name and Address of	[29]  f Current Registered Agent	30	Florida Statutes  Yes  10. Name and Address of New F	Registered Agent
<u>.</u>	3	81 Name		A .
YATES, WILLIAM O		82 Street Addr	ess (P.O. Box Number is Not Acceptat	d Jr. cpA
9999 NE 2ND AVE		210	70 w. John Sarest	"Susto 211
<del>STE 216-</del>		83	- <del>-</del>	
MIAMI SHORES FL-33138		84 City 11	PA CIA	85 Zip Code
11. Pursuant to the provisions of Sections 6	07.0502 and 607.1508, Florida Statutes,	the above-named corpor	ation submits this statement for the pu	rpose of changing its registered office
or registered agent, or both, in the State familiar with, and accept the obligations	of Florida Such change was authorized of, Serjigh 607/1575, Florida Statutes.	by the corporation's boar	rd of directors. Thereby accept the app	ointruent as régistered agent. I am
SIGNATURE / ames 1. BA	wolferly upt			3/18/8
Signature, typed or printed name of regs	rond gestand tile fraggisable (NOTE: ERS AND DIRECTORS	Hagistered Agent signature require 13.	Twiter initiality: ADDITIONS/CHANGES TO OFF	DATE
12. OFFIC	DELETE	1 1 THILE	ADDITIONS CHANGES TO GIT	Change Addition
NAME MCCOLLUM, J E #I		1.2 NAME		
STREET ADDRESS 12721 SW 9TH PL		1.3 STHEET ADDRESS		
CHY-ST-ZIP DAVIE FL 33325	ET DELETE	14 CHV - ST - ZIP		
TITLE NAME	☐ DELFTE	2 1 THLE 22 NAME		Change Addition
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		24 CHY SI-ZIP		
TITLE	DELETE	3 1 Wile		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-7IF	DELETE	34 CHY-SI-ZIP		Change Addition
NAME		4.2 NAME		E change E haarten
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-ZiP		4.4 CITY - ST - ZIF		
TITLE	DELFTE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
STREET AUDRESS		5.3 STREET ADDRESS		
CHY-ST-7-P THLE	DELETE	5 4 CITY- ST- ZIP 6 1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
C-TY-ST-Z-P		6.4 CHY+ST-ZIP		
14. I do hereby certify that the information s	upplied with this filing is voluntarily furnish	ned and does not qualify for	or 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 矣

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3.78-91 9544439783....

CR2E034 (12/95)