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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000016908

1. Corporation Name

FLAMINGO RENTAL & MANAGEMENT, INC.

	•				
Principal Place of Business		Mailing Address		i ilitalidan (ch. stran (s))) astai sant anns	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
112 S. HIBISCUS ISLAND		1 12-3. Hibiscus Island %- Christopher-Lage n Miami-FL-331 89			
% CHRISTOPHER LAGEN				DO NOT WRITE IN THIS SPACE	
MIAMI FL 33139				3. Date Incorporated or Qualifed	
	. • •			02/25/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	iace of Business	26 P.O. Box 398	57D	NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required	
City & State		City & State		- 6:-Election Campaign Financing	- \$5.00 May Be
23	•	28 MIAMI BEAC	HI F L	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25	29 33231-8510 30)	Personal Property Tax.	☐ Yes ☐ No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
81 Name					
LANGEN, CHRISTOPHER 82 Street Addres			ess (P.O. Box Number is Not Acceptable)		
112 SOUTH HIBISCUS ISLAND					
MIAMI FL:33139-5130					
	. •		84 City		85 Zip Code
FL Only					
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 a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes.		
SIGNATURE				d when reinstating) DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AN		egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE DELETE	1.1 TITLE		☐ Change ☐ Addition →
NAME	SCHWARZ, WOLFGANG	_	1.2 NAME		
STREET ADDRESS	112 S. HIBISCUS ISLAND		1.3 STREET ADDRESS		}
	MIAMI FL 33139		1.4 CiTY-ST-ZiP		5
CITY-ST-ZIP ;	TRIPANI 1 E GO TGO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	•	,
CITY-ST-ZIP			2.4 CITY-ST-ZIP	•	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
ÑAME :	المحاري وعجارتك يتشيرونيك	عرة م حمد بلت أند م	3.2 NAME	المموا الأبراطين المحاسب والرابات	ع المنشد حود د ۱۳۶
STREET ADDRESS	• •		3.3 STREET ADDRESS		
CITY-ST-ZIP		•	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		•	4. 2 NAME		
STREET ADDRESS	· ·	•	4.3 STREET ADDRESS		
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP		[
TITLE		☐ DELETE	5.1 TTTLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS	•		5.3 STREET ADDRESS		•

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 requiver of 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 adactoristic product of the corporation of the requiver of the corporation of the requiver of 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 adactoristic product of the corporation of the requirement of the requirem

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

· Change

☐ Addition

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90137 011 ***150.00