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CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB -6 PM 4:40

DOCUMENT # P93000052066 (6)

1. Corporation Name
AAC RENTAL, INC.

Principal Place of Business	Mailing Address
600 NORTH THACKER AVE. SUITE D-39 KISSIMMEE FL 34741	600 NORTH THACKER AVE. SUITE D-39 KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 11/09/1994

2. Principal Place of Business
21: 3152 Vineland Rd.
22 Suite, Apt. #, etc.: Suite 1
23 City & State: Kissimmee, FL
24 Zip: 34746
25 Country: Osceola

2a. Mailing Address
26: 3152 Vineland Rd.
27 Suite, Apt. #, etc.: Suite 1
28 City & State: Kissimmee, FL
29 Zip: 34746
30 Country: Osceola

4. FEI Number: 59-3192904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

COPPIETERS, ADRIAN
600 NORTH THACKER AVENUE 3152 Vineland Rd.
SUITE D-39 Suite 1
KISSIMMEE FL 34741. Kissimmee, FL 34746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 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: ADRIAN COPPIETERS (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) ADRIAN COPPIETERS 01/30/1995 DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME COPPIETERS, ADRIAN F STREET ADDRESS 5401 KIRKMAN RD #450 CITY-ST-ZIP ORLANDO FL 32819	1.1 TITLE ☑ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 3152 Vineland Rd. 1.4 CITY-ST-ZIP Kissimmee, FL 34746
TITLE D NAME MELO, F ABIANO G STREET ADDRESS 5401 KIRKMAN RD #450 CITY-ST-ZIP ORLANDO FL 32819	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I further certify that the information supplied with this filing is voluntarily furnished and 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: 01/30/1995 (407) 396 9366
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0374083 CP