SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) APPROVED AND PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 SEP -4 AM 8: 56 DIVISION OF CORPORATIONS 1996 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA P93000052066 (6) AAC RENTAL, INC. Principal Place of Business Mailing Address 3152 VINELAND RD. 3152 VINELAND RD. SUITE 1 SUITE 1 3a. Date of Last Report KISSIMMEE FL 34746 KISSIMMEE FL 34746 3. Date Incorporated or Qualified US 02/06/1995 07/26/1993 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3192904 Not Applicable 3150 Vineland 3100 Suite, Apt. #, etc. +, 7 21 \$8.75 Additional Suite Apt #, etc 5. Certificate of Status Desired Fee Required Suite 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032 . Country Country Zip Yes No 3474 Ce Florida Statutes 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COPPIETERS, ADRIAN Street Address (P.O. Box Number is Not Acceptable) 82 3152 VINELAND RD. SUITE 1 83 KISSIMMEE FL 34746 Zip Code 85 84 City 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Bug stered Agent signature required when reinstating) Signature, typed or product runnerof registered agent and title if popt, lable (3/8) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 Change Addition DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME COPPLETERS, ADRIAN F NAME 13 STHEET ADDRESS 3152 VINELAND RD. STREET ADDRESS 1 4 CITY - ST - ZIP KISSIMMEE FL City-ST-ZIP Change Addition DELFTE 21 TITLE TITLE METO F ABIANO G 5401 ANKMAN RD OR ANDO FL 32819 2 2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 900001847099 -09/13/96--01045*-005*** ****375.00 ****375.00 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 31 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 CITY - ST - ZiP CITY-ST-ZIF Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRE CITY - ST - ZIP Addit-an DELETE 6 1 111LF TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes 1 further certify that the information inducated on this argual 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 declared to provide the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 15 of the first provided to a statute of the same legal effect as if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/96 (407)346.9366

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