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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PO400001021

	on Name	001021	,	i	
ROBER	TS' RENTALS OF PASCO, I	NC.	•		
				1 18841884 III (Bitt Bib); Maris Ball) Adiri Au	
Principal Pla	ce of Business	Mailing Address	****	ı rabiladı ilə fəril bibir əblik oblik bəkil əbl	
3654 ELK GRO	OVE COURT	3654 ELK GROVE COURT			,
LAND O'LAKES FL 34639 LAND O'LAKES FL 34639			,		
ļ				DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualifed	2.(注音性/數語
				01/04/1994	
_	Place of Business	2a. Mailing Address		4. FEI Number	Applied For \
21 Suite Ant	# 010	26		59-3221163	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
City & Sta	to.	City & State			Fee Required
23	ie –	⊢ '		6. Election Campaign Financing	\$5.00 мау вэ
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	-	30	8. This corporation owes the current year Ir	
	9. Name and Address of Curren		301	Personal Property Tax. 10. Name and Address of New Registered	ZYes □No d Agent √
		121 1 2 2	81 Name	10. Name and Address of New Registered	Agent Valle 1
, AUV	/IL. JON L				
	EAST MERIDIAN AVE.	NC	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	TE 315		. 83	大 ・	
DAD	DE CITY FL 33525				一位: 有点心里用
			84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-parted corporation submits this statement for the pursuant for th					
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.					
agent, i a	im lamiliai wilin, and accept the obiidal				
CICALATURE		lions of, Section 607.0505, Flore	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agen		da Statutes.		· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: R	da Statutes.	uired when reinstating) DATE	ND DIRECTORS IN 12
	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: R	da Statutes. Registered Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: R	Registered Agent signature requests.	uired when reinstating) DATE	
12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE: R	Registered Agent signature required 13.	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W	it and title if applicable. (NOTE: R	registered Agent signature requests. 13. 1.1 TITLE 1.2 NAME	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT	it and title if applicable. (NOTE: R	Registered Agent signature required 113. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639	t and title if applicable. (NOTE: R D DIRECTORS DELETE	Registered Agent signature requested 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: R D DIRECTORS DELETE	Tastatutes. Registered Agent signature required to the signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S	t and title if applicable. (NOTE: R D DIRECTORS DELETE	Tastatutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: R D DIRECTORS DELETE	Registered Agent signature requested. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: F	Agistered Agent signature requested and statutes. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Q1/	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: F	Talential Statutes. Registered Agent signature required to the signat	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: F	Agistered Agent signature requested Agent Ag	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: F	Asstautes. Registered Agent signature required: 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: FID DIRECTORS DELETE DELETE DELETE	Asstautes. Registered Agent signature required: 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: FID DIRECTORS DELETE DELETE	Asstautes. Registered Agent signature required: 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: FID DIRECTORS DELETE DELETE DELETE	Astatutes. Registered Agent signature required: 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: FID DIRECTORS DELETE DELETE DELETE	Astatutes. Registered Agent signature required: 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: FID DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: FID DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.5 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: FID DIRECTORS DELETE DELETE DELETE DELETE	ASTATUTES. Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.5 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN D ROBERTS, JEFFREY W 3654 ELK GROVE COURT LAND O'LAKES FL 34639 D ROBERTS, GERALDINE S 3654 ELK GROVE COURT	t and title if applicable. (NOTE: FID DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.5 CITY-ST-ZIP 5.5 TITLE 5.7 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Addition Change Addition Change Addition

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 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, with all other like empowered. attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90064 004 ***150.00