## 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

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DOCUMENT # P9400015275 (8) 1. Corporation Name							
ADMIR/	AL RENTAL PROPERTIES,	INC.					
Principal Place	of Business	Mailing Address			T IN BUISEDE UIT FAIGU BIRDE ORUM ARMIN A	TALLE BOIDT INDEL BILLO (COU LOCAL)	JIII 1001
589 5TH AVENUE SOUTH NAPLES FL 33940			589 5TH AVENUE SOUTH NAPLES FL 33940				
US		US			6 Data bassassassassas Carlota	Ta- 0	
					3. Date incorporated or Qualified 02/24/1994	3a. Date of Last Report 04/26/1995	
	ace of Business	2a. Mailing Address	——————————————————————————————————————		4. FEI Number	Applie	ed For
Suite, Apt.	# etc	Suite Act # etc	Suite, Apt. #, etc.		65-0469813 Not Applic		···
22	# <sub>1</sub> 0(0.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired	\$8.75 Add	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 Ma	
23		28	<del></del> -	Trust Fund Contribution Added to Fe			
Zip <b>24</b>	Country Zip 29		Coun	8. This corporation has liability for intangible ta			032,
	9. Name and Address of Curre	1 - 1	30	<del></del>	Florida Statutes X Yes  10. Name and Address of New R		
				1 Name	10. 1141115 4114 7144 7144 71	vgistored Agent	
ROSE, A	NDREW C ESQ.		١	2 Street Addr	ess (P.O. Box Number is Not Acceptab	(a)	
-	rth andrews avenue		ľ	Street Addr	ess (F.O. BOX NOMOEMS NOT Acceptab	le)	
FORT LA	UDERDALE FL 33311		Ē	13			
			ē	14 City	7	FL 85 Zip Cod	ie
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above	e-named corpor	ation submits this statement for the pur	oppo of observes its society	ared office
or register	ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	DOS SUCO COSDOS WAS SUDDONZ	an by tha co	rporation's boar	rd of directors. I hereby accept the appo	pintment as registered agen	it. I am
SIGNATURE	<b>.</b>						
	Signature, typed or printed name of registered age		<del> </del>	gent signature required		DATE	··
12. 1111.E	PST OFFICERS AF	ND DIRECTORS  [ ] DELETE	13.	, ,,,,	ADDITIONS/CHANGES TO OFFI	· · · · · · · · · · · · · · · · · · ·	
NAME	BECKETT, CHARLENE	beter	1.1 TITLE 1.2 NAME 1.3 STFEET ADDRESS		•	☐ Change ☐	Addition
STREET ADDRESS	8435 SW 44TH STREET						
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2. 1 7(1)			Change	Addition
NAME		22 N		E			
STREET ADDRESS			23 STF6	ET ADDRESS			
CITY - ST - ZIP		The state		-ST-ZIP			
TITLE NAME	<del>-</del>		3 1 1111			☐ Change ☐	Addition
STREET ADDRESS			3.2 NAM	i			
CITY-ST-ZIP			3.4 DIT (	EET ADDRESS			ļ
TITLE		DELETE	4.1 1016			☐ Change ☐	Addition
NAME			4.2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-S1-ZIP			4.4 City	- ST - ZIP			
TITLE	DELETE 5.1		5. 1 TIT	F	<del></del>	☐ Change ☐	Addition
NAME			5.2 NAM				
STREET ADDRESS				ET ADDRESS			
TOLE		☐ DELETE	5.4 CITY				Additio-
NAME			6 1 TIT_ 6.2 NAM			Change 🗀	Addition
STREET ADDRESS				ET ADDRESS			į
CITY-ST-ZIP			64 CITY				
	y certify that the information supplied	with this filing is voluntarily furni	shed and do	es not qualify for	or the exemption stated in Section 119.0	)7(3)(k). Florida Statutes, 1 fu	urther

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 eath; 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.

4-22-14 941-262-6653
Date Dayline Phone 1