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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000027123

1. Corporation Name  
AA - FLORIDA GULF COAST RENTALS, INC.



Principal Place of Business: 245 N TAMiami TRAIL, VENICE FL 34285  
Mailing Address: 245 N TAMiami TRAIL, VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1994  
4. FEI Number: 65-0481524  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 22 571-B N. US 41 BY-PASS 23 34291  
2a. Mailing Address: 26 28 571-D N. US 41 BY-PASS 29 34291 30

9. Name and Address of Current Registered Agent  
MORRISON, RONALD W  
3209 GALIOT ROAD  
VENICE FL 34293

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 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: *Ronald W Morrison* DATE: 3/30/99

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: DP MORRISON, RONALD W, 3208 GALLOT RD, VENICE FL.

Table with 5 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP.

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.

SIGNATURE: *Ronald W Morrison* DATE: 3/30/99 DAYTIME PHONE: 941-485-6811

CR2F034 (11/98)