

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000042262 (3)

1. Corporation Name

DE SOTO RENTALS, INC.



Principal Place of Business

14498 S. TAMiami TRAIL
FT. MYERS FL 33912
US

Mailing Address

P.O. BOX 07430
FT. MYERS FL 33919
US

3. Date Incorporated or Qualified
06/01/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

65-0501836

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

DORAGH, PETER
14498 S. TAMiami TRAIL
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name
PROPERTY EXCHANGE NETWORK, INC.

82 Street Address (P.O. Box Number is Not Acceptable)
14498 S. TAMiami TRAIL

84 City
FT. MYERS

85 Zip Code
FL 33912

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 607.1502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if not applicable

NATHAN MOLDOVSKY PRES.

(NOTE: Registered Agent signature required when reinstating)

4/26/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME CASTERIOTO, DAVID
STREET ADDRESS 14498 S. TAMiami TRAIL
CITY-ST-ZIP FT. MYERS FL
VPGC

TITLE
NAME DORAGH, PETER
STREET ADDRESS 14498 S. TAMiami TRAIL
CITY-ST-ZIP FT. MYERS FL

TITLE SD
NAME MOLDOVSKY, NATHAN
STREET ADDRESS 14498 S. TAMiami TRAIL
CITY-ST-ZIP FT. MYERS FL

TITLE TD
NAME BURKE, HARALD
STREET ADDRESS 14498 S. TAMiami TRAIL
CITY-ST-ZIP FT. MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to an 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 officer or director is duly 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATHAN
MOLDOVSKY Sec

Date

4/26/96

941-481-1800

Daytime Phone #

CR2E034 (12/95)