SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

GULFPORT FL 33707

2a. Malling Address

City & State

Zip

Suite, Apt. #, etc.

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2801 SKIMMER POINT DR

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

SUITE 101

2801 SKIMMER PONIT DR

Suite, Apt. #, etc.

City & State

GULFPORT FL 33707

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22

23

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Zip

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

Country

81 Name

83

84 City

30

DOCUMENT #

1. Corporation Name P94000042680 (6)

Country

9. Name and Address of Current Registered Agent

25

MORTON-HICKS, BRIAN S 2801 SKIMMER POINT DR

GULFPORT FL 33707

FLORIDA WEST RENTALS, INC.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE Change Addition TITLE DELETE MORTON-HICKS, BRIAN SEYMOUR NAME 1.2 NAME 2801 SKIMMER POINT DR 1.3 STREET ADDRESS STREET ADDRESS **GULFPORT FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE DELETE ____ Addition TITLE Change 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE ___ Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE DELETE Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE DELETE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE 🔲 DELETE ___ Change ___ Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIE

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.

FILED Sep 17 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/1994 4. FEI Number Applied For 59-3251834 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 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.