

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000078186 (1)

1. Corporation Name

5024 OF FLORIDA, INC.



Principal Place of Business

Mailing Address

% RENT A LIFT SERVICES  
9635 A NW 106TH STREET  
MIAMI FL 33147  
US

% RENT A LIFT SERVICES  
9635 A NW 106TH STREET  
MIAMI FL 33147  
US

3. Date Incorporated or Qualified  
10/25/1994

3a. Date of Last Report  
07/14/1995

2. Principal Place of Business

2a. Mailing Address

21 1814 SW 31ST AVE.

26 SAME

4. FEI Number

65-0528314

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNIZ, HORLANDO  
3635 NW 106TH STREET  
MIAMI FL 33147

81 Name

THOMAS A. BEHAR, CPA

82

Street Address (P.O. Box Number is Not Acceptable)  
9200 SW OADELAND BLVD #300

83

84 City

MIAMI

FL

85 Zip Code  
33154

11. Pursuant to the provisions of Sections 607.0509 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-01-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME HERNANDEZ, ALEXIS  
STREET ADDRESS 16691 ROYAL POINCIANA DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VPM ☐ DELETE

NAME MUNIZ, HORLANDO  
STREET ADDRESS 1301 HAMPTON BLVD.  
CITY-ST-ZIP N. LAUDERDALE FL

TITLE VPMT ☐ DELETE

NAME HERNANDEZ, ALEXIS  
STREET ADDRESS 16691 ROYAL POINCIANA DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33328

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/96

Daytime Phone #

CR2E034 (12/95)