FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000083697 (0)

MANOI	rs gene	RAL	RENTAL CEN	rea,	INC.								
Principal Plac	ce of Busines	s		٨	lailing Address							ilor illin blile lol	(() ((3) ((3)
3073 N.E. 6TH AVENUE 3073 N.E. 6TH AVENUE													
WILTON MANORS FL 33334 WILTON MAN						ANORS FL 33334				DO NOT WRITE	E INITHII	S SPACE	
										3. Date Incorporated or Qualified	- 04 (1)(5	2 21 VOF	
										11/14/1994			
2. Principal F	Place of Busi	noss		2a	. Mailing Address					4. FEI Number		A	pplied For
21					26					65-0535395		No	ot Applicable
Suite, Apt.	. #, el c.		Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional		
22 City & City					City & State								equired
City & State					28					6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Zip Country							Country		·			· · · · · · · · · · · · · · · · · · ·
24	25			29				•		8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No			
g, Name and Address of Curren										10. Name and Address of New Ro		d Agent	
MC	DRALES, MA	ARTIN	1				81		Name				,
3073 N.E. 6TH AVENUE WILTON MANORS FL 33334							82		Street Addre	reet Address (P.O. Box Number is Not Acceptable)			
								<u> </u>		•			
1							83						
								1	City			85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authorize								Ι.	named corps	oration enhants this statement for the	F		to registered
office or r agent. I a	registered ag im tamiliar w	jent. c ith, ai	or both, in the State of accept the obligations of	of Flori ations c	da. Such change was I, Section 607.0505, FI	autho orida	orized by Statute	yth s.	he corporation	on's board of directors. I hereby acce	pt the ap	opointment as	registered
SIGNATURE	Niciali neci			. 1514									
12.	Signature, typica	or para	of name of registered age OFFICERS AND			н нес	13.	enr:	signature недычи	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AN	ND DIRECTOR	RS INI 12
TITLE	D				DELETE		1.1 TITLE			ADDITIONS OF IARGED TO STATE	<u> </u>	Change	Addition
NAME	MORALE	ES, J	OSEFINA			ı	1.2 NAME						<u> </u>
STREET ADDRESS	HALLON STANDARD IN COORS						1.3 STREET	STREET ADDRESS CHY-ST-ZIP					
CITY-ST-ZIP							14 CHY-5						
TITLE	D				DELETE	T	21 TITLE					Change	Addition
NAME	MORALE						22 NAME						
STREET ADDRESS	3073 N.E. 6TH AVENUE						2 3 STREET	EET ADDRESS					
CITY-ST-ZIP	WILTON	MAN	IORS FL 33334		The second		2 4 CITY-	sı.	ZIP		 		,
TITLE					☐ DELETE		3.1 TILLE					☐ Change	☐ Addition
NAME OTDSST ADDDSSS						ı	3.2 NAME						
STREET ADDRESS							3.3 STREET						•
CITY-ST-ZIP TITLE					DELETE		3.4 CITY - ! 4.1 TITLE	51-	ZIP			Change	Addition
NAME						ı	4. 2 NAME					C change	, Adoina
STREET ADDRESS							4.3 STREET	ΔĐ	ORESS				
CITY-ST-ZIP							4.4 CHY-S						
TITLE					DELETE	_	5 1 TITLE	-				Change	Additio
NAME							5.2 NAME		1				
STREET ADDRESS							5.3 STREET	ΑD	DRESS				
CITY-ST-ZIP							5.4 CITY-S	1 - Z	?IP				
TITLE					☐ DELEFE		6.1 TITLE					Change	Ad.
NAME							6.2 NAME						
STREET ADDRESS						Ī	6.3 STREET	ADI	DRESS				

14. Thereby 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 informatic indicated on this annual report or supplienceful 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.

1-11-98 (954)568-3990

FILED

Feb 18 1998 8:00am

Secretary of State