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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000002288 (5)

Principal Place	TIVE RENTALS, INC.  e of Business  MSBURG PARK BOULEVARD	Mailing Address 3810-4 WILLIAMSBURG JACKSONVILLE FL 3225			N 8811 1181 1180 1288 1281 1381
UNIVERSITY	C FL 36231	AMOROUNVILLE PL 3223	₹ <b>9</b> 000	3. Date Incorporated or Qualified 3	a. Date of Last Report
				01/06/1995	04/29/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-3293120	Not Applicable
Suite, Aprt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27		Or Octobroate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	
Zip □	Country	Zip ·	Country	This corporation has liability for intar	
4	25 9. Name and Address of Curr	29	[30]	Florida Statutes Ye  10. Name and Address of New Register	es No
	· <del></del>	iour unhistored Whetir	81 Name	To. Indine and Address of New Registi	ered whelir
	inson, Keith H esq.	n. ###			
	O GOODBY'S EXECUTIVE DRI	IVE	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	TE A		83		·—····································
JAC	XSONVILLE FL 32217		(**)		
			84 City		FL 85 Zip Code
44 Directions	to the previous of Continue CO? O	000 and 007 1100 Florida Plat	dee the alexandra	rporation submits this statement for the purporation's board of directors. I hereby accept the	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NC	DTE: Begistered Agent signature req	ulred when reinstating) D ADDITIONS/CHANGES TO OFFICERS	A1E S AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	ROBINSON, PAUL		1.2 NAME		<b>.</b>
STREET ADDRESS	3810-4 WILLIAMSBURG PAI	RK RIVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONMLLE FL	THE DEAD	1.4 DITY-ST-ZIP		
TITLE	DV	DELETE	2.1 TILLE		Change Addition
NAME	RAMEY, ROBERT J.		22 NAME		•
STREET ADDRESS	3810-4 WILLIAMSBURG PAI	RK BLVD	2.3 \$THEFT ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CHY-\$1-2IP		
TITLE	D	DELETE.	3.1 TITLE		Change Addition
NAME	WARFIELD, STEVEN		3 2 NAME		
STREET ADDRESS	3810-4 WILLIAMSBURG PAI	rk blvd	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CHTY-S1-7IP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DETETÉ	4.1 TitlE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	· 	· · · · · · · · · · · · · · · · · · ·	4.4 DITY-ST-ZIP		
TITLE		DITETE	5.1 101.6		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	E		5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 C(1Y+ ST- ZIP		Change Addition
TITLE		□ orrest	6.1 TITLE		LI Change LI Addition
NAME			6.2 NAMÉ		

14. I do 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.

SIGNATURE:

CITY-ST-ZIP