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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

CITY-ST-ZIP

14. I hereby certify that the information supplindicated on this annual report or supplindicated on this annual report or supplindicated or director of the corporation of the Block 12 or Block 13 if changed or or an

TITLE NAME STREET ADDRESS P95000003116 (7)

· SEMII	NOLE EQUIPMENT RENTA	AL, INC.			
Principal Plac	e of Business	Mailing Address		·	
1088 W SAMPLE RD 1066 W SA		1066 W SAMPLE RD POMPANO BEACH FL 3	3064	DO NOT WRITE IN TH	IS'SPACE
				3. Date Incorporated or Qualified	
				01/09/1995	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	- A MAL	Suitc, Apt. #, etc.		65-0556747	Not Applicable
22	XXIII	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	() ()	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curi	ent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
411 SW 2 STREET BOOA RATON FL 33432 83				ires (1.0/ EbxMumber is Not Acceptable)	
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 changing was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent. I am lagrillar with, and accept the obligations of, Section 62-0505, Florida Statylas. SIGNATURE (FLOO D) DIFF Signature, typical or printed aim of registered agent and bits if apply folio. [NOT] Registrad/opinit signature required when reinstating) DATE					
12.		AND DIRECTORS	18/	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PVTS	☐ DELETE	1.1 TITLE		Change Addition
NAME	GREGORY, DREW		1.2 NAME		
STREET ADDRESS	1066 W SAMPLE RD		1.3 STREET ADDRESS		Ĭ
CITY-ST-ZIP	POMPANO BEACH FL 33		14 CITY - ST - ZIP		
TITLE		DELETE	21 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-\$T-ZIP		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		D precie			The change Thyportion
			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 Title		Change Addition
NAME		En betere	4. 2 NAME		onunge recultor
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
CTOREY ADDOCCC			S. P. CALOURE A PODDECC		

6.3 STREET ADDRESS

DELETE

phed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information function and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address.

Change

☐ Addition

FILED

Apr 30 1998 8:00am

Secretary of State