SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000015769

1. Corporation Name

Avon Property Rental & Leasing, Inc.

Principal Place of Business	Mailing Address
4723 Traylor Ave. Sarasota, FL 34234	4723 Traylor Ave. Sarasota, FL 34234

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 2-27-95
3a. Date of Last Report: n/a
4. FEI Number: 65-0568748 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Janet Feliciano
4723 Traylor Ave
Sarasota, FL 34234

10. Name and Address of New Registered Agent

81 Name: Frank Feliciano
82 Street Address (P.O. Box Number is Not Acceptable): 4723 Traylor Ave.
83
84 City: Sarasota FL 85 Zip Code: 34234

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 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: X _____, President — Date: 8/21/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	P, S, T, D Frank Feliciano 4723 Traylor Ave. Sarasota, FL 34234 — ☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	300001931143 -08/23/96--01083--011 ***225.00 — ☐ Add

CR2E034 (3/96)

14. I hereby certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: X _____, Pres. 8/21/96 — 8-23-96 PM 954-5464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR