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

Mailing Address

1234 1/2 WEST FAIRBANKS AVE WINTER PARK FL 32789-4802

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

WINTER PARK FL 32789

1234 1/2 WEST FAIRBANKS AVE



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 03 1997 8:00am

Secretary of State

3a. Date of Last Report

12/24/1996

3. Date Incorporated or Qualified

03/10/1995

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000019753 (9)

**ACTION RENTAL & LEASING INCORPORATED** 

| 2. Principal P              | lace of Business  | 2a. Mailing Addr                          | ess                 |   |                    | 4. FEI Number   |                    | oplied For            |
|-----------------------------|---|---|---------------------|---|--------------------|---|--------------------|-----------------------|
| 21                          |   |   | 26                  |   |                    | NOT APPLICABLE  | No                 | ot Applicable         |
| Suite, Apt.                 | #, eitG   | Suite, Apt. #,                            | Suite, Apt. #, etc. |   |                    | 5. Certificate of Status Desired  | <b>4</b> - · · · · | Additional<br>equired |
| City & Stat                 | $\epsilon$  | City & State                              | City & State        |   |                    | 6. Election Campaign Financing  |                    | May Be                |
| 23                          |   | 28  |                     |   |                    | Trust Fund Contribution   |                    | to Fees               |
| Z(p<br>11.1                 |   |   |                     | Suntry  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes W No |                    |   |                    |                       |
| 24                          | 25<br>g. Name and Address of C  | urrent Registered Agent                   | 30                  |   |                    | 10. Name and Address of New Registe   |                    |                       |
| CORPORATION SERVICE COMPANY |   |   |                     |   |                    |   |                    |                       |
| 1201 HAYS STREET            |   |   |                     | 82 Street Address (P.O. Box Number is Not Acceptable)   |                    |   |                    |                       |
| TALLAHASSEE FL 32301        |   |   |                     | Sireet Address (1.0. Box Number is Not Acceptable)  |                    |   |                    |                       |
|                             |   |   |                     | 83  |                    |   |                    |                       |
|                             |   |   |                     | 84  | City               |   | 85 Zip             | Code                  |
|                             | (0-)  | 7 01 00 J 007 41 00 Find                  | de Coet des des     |   |                    |   | FL 63 219          | to registered         |
| office or r                 | registered agent or both, in the  | State of Florida, Such char               | ge was authoriz     | ed by   | the corporat       | poration submits this statement for the purpo<br>tion's board of directors. I hereby accept the     | appointment as     | registered            |
| agent La                    | m familiar with, and accept the   | obligations of Section 607.               | 0505, Florida St    | atutes  | 3.                 |   |                    |                       |
| SIGNATURE                   | Signature, typed or printed name of registe                             | and amount and little of mark through the | (NOTE: Paniete      | rad Aaa   | ol classius toou   | red when reinstating) DA  | TE                 |                       |
| 12.                         |   | S AND DIRECTORS                           | (NOTE: Registe      |   | all eigustore redu | ADDITIONS/CHANGES TO OFFICERS   |                    | RS IN 12              |
| TITLE                       | PO  | Di Di                                     |                     | i<br>TITLE  |                    | 7,00,110,011,7000,100,100,100,100   | Change             | Addition              |
| NAME                        | KELLEY, ROBERT  |   |                     | NAME  |                    |   |                    |                       |
| STREET ADDRESS              | 401 E SEMORAN BLVD  |   |                     |   | ADDRESS            |   |                    |                       |
| CITY - ST-ZIP               | CASSELBERRY FL 32707  |   |                     | ÇITY-S  | - 1                |   |                    |                       |
| TITLE                       |   | DI  |                     | TITLE   | · • · · · ·        |   | Change             | Addition              |
| NAME                        |   |   | 22                  | NAME  |                    |   |                    |                       |
| STREET ADDRESS              |   |   |                     |   | ADDRESS            | • .   | , ·                |                       |
| CITY-ST-ZIP                 |   |   | 2.4                 | CITY-S  | ST-ZIP             |   |                    |                       |
| TITLE                       |   | □ D                                       | LETE 3.1            | TITLE   |                    | ***************************************   | Change             | Addition              |
| NAME.                       |   |   | 3.2                 | NAME  |                    |   |                    |                       |
| STREET ADDRESS              |   |   | 3.3                 | STREET  | ADDRESS            |   |                    |                       |
| CITY-SI-ZIP                 |   |   | 3.4                 | CITY-5  | ST-ZIP             |   |                    |                       |
| TITLE                       |   | ☐ D                                       | LETE 4.1            | TITLE   |                    |   | ☐ Change           | noilibbA              |
| NAME                        |   |   | 4. 2                | NAME  |                    |   |                    |                       |
| STREET ADDRESS              |   |   | 4.3                 | STREET  | ADDRESS            |   |                    |                       |
| CITY - ST - ZIP             |   |   |                     | CITY-S  | T-ZIP              |   |                    |                       |
| TITLE                       |   | □ DI                                      | ELETE 5.1           | TITLE   | ,                  |   | ☐ Change           | Addition              |
| NAMÉ                        |   |   | 5.2                 | NAME  |                    |   |                    |                       |
| STREET ADDRESS              |   |   | 5.3                 | STREET  | AODRESS            |   |                    |                       |
| CRTY - S1 - ZhP             |   |   |                     | CITY-\$   | T-ZIP              |   |                    |                       |
| TILE                        |   | □ D                                       |                     | TITLE   |                    |   | Change             | Addition              |
| NAME                        |   |   |                     | NAME  |                    |   |                    |                       |
| STREET ADDRESS              |   |   |                     |   | ADDRESS            |   |                    |                       |
| C-IY-SY-ZIF                 | 1   | included to take about 400                |                     | CITY-S  |                    | d in Contine 110 07(2)(i) Elecide Ctab des 1.5  | without continues  | t the                 |
| informatio                  | on indicated on this annual repo  | rt or supplemental annual r               | eport is true and   | i accu  | urate and tha      | d in Section 119.07(3)(i), Florida Statutes. I fi<br>It my signature shall have the same legal effe | ect as if made ur  | nder oath; that       |
| l am an c                   | officer or director of the corporal<br>in Block 12 or Block 13 if chang | tion or the receiver or truste            | e empowered to      | exec  | cute this repo     | rt as required by Chapter 607, Florida Statut   | es; and that my    | name                  |