FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Motham 🕒 🔹

Secretary of State DIVISION OF CORPORATIONS

1996

P95000024904 (1)

DOCUMENT #

1. Corporation Name

FUN RENTALS AT RONEY PLAZA, INC.

TON HENTALO AT TIONET TERESTINO					
Principal Place of Business Mailing Address 4818 CORONADO PARKWAY 4818 CORONADO PARKWAY CAPE CORAL FL 33904 CAPE CORAL FL 33904					
			3. Date incorporated or Qualified 03/28/1995	3a. Date of Last Re	aport
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21	26		65-056647		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	, ,	Additional Required
2 2301 Collins Hue	27 Oty & State		6. Election Campaign Financing		0 May Be
23 Mam Beach FL	28		Trust Fund Contribution	1 1	d to Fees
Zip Country	Zip	Country	8. This corporation has liability for		199.032,
24 33139 25	29	30	1 10 10 10 11 10 11 10 10 10 10 10 10 10	□No	
9. Name and Address of Curr	ent Registered Agent	81 Name ~	10. Name and Address of New F	registered Agent	
BARAJAS, CINDY G 4818 CORONADO PARKWAY CAPE CORAL FL 33904 11. Pursuant to the provisions of Sections 607.05		83 C' 84 City	Jeanne Murph ress (PO. Box Number is Not Accepted 818 Coronado I	FL 85 Z	p Code 33904 registered office
or registered agent, or both, in the State of 18 familiar with, and accept the obligations of, Sc SIGNATURE Section, types or probabilities of the state of the s	orida: Such change was authorizection 607.0505, Florida Statutes	THE CUIDULATORS DO	sign of circulos s. Thoroby decopies to day	4/30l	96 DRS IN 12
TITLE	☐ DELETE	1 1 TITLE	Director	Change	Addition
NAME LANKTREE, JOSEPH L		1.2 NAME	Rass Libitary PKW.	<i>پ</i> ر	
STREET ADDRESS 1250 ARCOLA DRIVE		1.3 STREET ADDRESS		37CAL/	
CHY-SI-ZIP FT MYERS FL 33919			Cape Coral, Fl	Change	☐ Addition
COIL HERSCHELL R	DELETE	2 1 TITLE 2 2 NAME		onlings:	
4818 CORONADO PARKW	/AY	2.3 STREET ADDRESS			
CITY-ST-ZIP CAPE CORAL FL 33904		2.4 CHY-ST-ZIP			
TITLE	☐ DELETE	3 1 TULF		☐ Change	Add tion
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	E3 Delete	3 4 CITY - S1 - 7IP		☐ Change	Addition
TITLE	☐ DELETE	4 1 OTSE		Sharige	□
NAME		4.2 NAME 4.3 STREET ADDRESS			
STATET ADDRESS		4.4 CITY - ST - 7 P			
CITY - ST - Z-P THILE	[] DELETE	5 1 TITLE		☐ Change	☐ Addition
NAME	u	5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
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TITLE	DELF1 E	6 I TITLE	8000018 -06/03/9601	485 58 °	☐ Add-tion
NAME				oco 010	1
		6.2 NAME	-06/03/96U1	Ub5~~U15	5/.
STREET ADDRESS		6.2 NAME 6.3 STREET ADURESS	-06/03/96U1 ***200.00	Ub.5U15	3/1/12

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early, that I am an officer or director of the corporation of the corp CITY - ST - ZIP

6.4 CHTY - \$1 - ZIP

SIGNATURE: