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

PROFIT CORPORATION ANNUAL REPORT 1998 FLORIDA DE PARTIMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS Mar 13 1998 8:00am Secretary of State

1990	Bivision of			
DOCUMENT # P9500 1. Corporation Natrie BROWN TRAILER RENTALS, INC.	0047610 (7)			
Principal Place of Business	Mailing Address			
11924 FORREST HILL BLVD., SUITE 22-282 11924 FORREST HILL BLVI		D., SUITE 22-282		
WEST PALM BEACH FL 33414	WEST PALM BEACH FL 3		DO NOT WRITE IN THIS	SDACE
			3. Date Incorporated or Qualified	I SI AGE
			06/19/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc	Suite, Apt. #, etc.		65-0590742	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
Crty & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Z _{(p}	Country	8. This corporation owes or has paid the cu	
24 25		30	1	Yes No
g, Name and Address of Curre BRASWELL, UNDA S ESQ	int Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
9990 S.W. 77TH AVE., SUITE 303 MIAMI FL 33156		<u> </u>	ress (P.O. Box Number is Not Acceptable)	
		62 Street Addr	ress (P.O. Box Number Is Not Acceptable)	
		63		
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	s the above-named corp	poration submits this statement for the purpose of	of changing its registered
office or registered agent, or both, in the Stal-	e of Florida, Such change was au pations of Section 607 0505. Flor	uthorized by the corporat	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	(interior of cooper of cooper to	Tion Districts		
Signature, typed or punited trans- or registered as		Registered Agent signature requir		DIDEOXODO (1) 40
12. OFFICERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME BRASWELL, STEVE	<u> </u>	1.2 NAME		
STREET ADDRESS 11924 FORREST HILL BLVD., SUITE 22-282		1.3 STREET ADDRESS		
CITY-ST-ZIP WEST PALM BEACH FL 334	· · · · · · · · · · · · · · · · · · ·	1.4 CITY+ST-ZIP		
TITLE D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME BRASWELL, W.M. STEVEN STREET ADDRESS 11924 FORREST HILL BLVD.	CHITE 99 999	2.2 NAME		
MEST DAIM BEACH EL 224	1.6	2 3 STREET ADDRESS 2 4 City-S1-Zip	- 4,	
TITLE PARE PER PER A SWELL, DI NAME STRELT ADDRESS CITY-SI-ZIP WEST PARM BEAT TITLE	O. CO DELETE	3 1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME BRASWELL, DI	LUDIO STO	3 2 NAME		
STREET ADDRESS 11924 POICEST A	711 000 000 22-283	33 STREET ADDRESS		ļ
CITY-SI-ZIP WEST PACE BEA	CH FL 33 414	3.4. CITY-ST-ZIP		Change Addition
NAME	DELÉTE	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS		
City-S1-Zip		4.4 CITY+ST-ZIP		*
TITLE	DELETE	5.1 TITLE	The state of the s	Change Addition
NAME		5.2 NAME		ļ
STREET ADDRESS		5.3 STREET ADDRESS		İ
CITY-S1-ZIP	DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE NAME		6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		1

14. I hereby certify that the information supplied with this liling 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 receive 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 in an attachment with an address.

SIGNATURE:

Dia

8/10/98 561-433-3333

FILED