1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000056023

1. Corporation Name

AFFORDABLE RENTALS, INC.

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90036 029 ***150.00



Principal Place	of Business	Mailing Address			V			
2100-A DAVIS BLVD.		2100-A DAVIS BLVD.						;
NAPLES FL 33942		NAPLES FL 33942		DO NOT WRIT	E IN THIS SP	∆CE		
					3. Date Incorporated or Qualifed	2 114 77110 01 7		
					07/19/1995			ļ
		2a. Mailing Address			4. FEI Number		T Ani	plied For
2. Principal Place of Business		— т			65-0595349			t Applicable
21		Suite, Apt. #, etc.		00 00000		8.75 A		
Suite, Apt. #, etc.		— • • • • • • • • • • • • • • • • • • •		5. Certifcate of Status Desired		Fee Re		
City & State		City & State		6. Election Campaign Financing		\$5.00	May Bo	
		28		Trust Fund Contribution		Added to		
Zip			Country		8. This corporation owes the curre	ent year Intang	ible	
24	25	29 30			Personal Property Tax.		Yes	□No
24	9. Name and Address of Current Registered Agent				10. Name and Address of New R	egistered Age	nt	
5. Halle and Address of Suite it (108/010-00 1/gon)				Name				
MOR	KUNAS, PETER		<u></u>	C1	t Address (P.O. Box Number is Not Accepta	hlal	-	
2100	-a davis blvd.		82	Street	Address (P.O. Box Number is Not Accepta	bie)		
NAPL	.ES FL 33942		83					
							- 1 - 2	2 1
			84	City		FL	85 Zip (Jode
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above	L e-named	d corporation submits this statement for the	purpose of cha	nging its	registered
office or re	egistered agent or both in the State :	of Florida. Such change was autr	ionzed by	title con	poration's board of directors. I hereby accep	t the appointm	ent as re	gistered
agent, I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Fioria	a Statutes	•				
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NOTE: Re	egistered Age	nt signature	required when reinstating)	DATE		—— ì
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND [IRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE] Change	☐ Addition
NAME	MORKUNAS, PETER		1.2 NAME					
STREET ADDRESS			1.3 STREE	FADDRESS	5			
CITY-ST-ZIP	NAPLES FL 33962		1.4 CITY-S	T-ZIP	_			
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	MORKUNAS, SHERRIE		2.2 NAME					
STREET ADDRESS			2.3 STREE	TADORESS	s			!
CITY-ST-ZIP	NAPLES FL 33962		2.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE				Change	Addition
NAME	ZELEZNIK, RONDA		32 NAME					,
STREET ADDRESS	3636 BOCA CIEGA DR		33STREE	ADDRESS	s			
CITY-ST-ZIP	NAPLES FL 33962		3.4. CITY-5					
TITLE	144 EES 1 E GOODE	☐ DELETE	4.1 TITLE				Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRES!	s			
1 1			4.4 CITY-S					
C/TY-ST-ZIP		☐ DELETE	5.1 TITLE				Change	Addition
NAME		_	5.2 NAME					
			5.3 STREE	T ADORES:	s			
STREET ADDRESS			5.4 CITY-S					
TITLE		☐ DELETÉ	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
CTREET ADDRESS			6.3 STREE	T ADDRES	s			

14. I hereby certify that the information supplied with this filing 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 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, or on an attachment with amaddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-\$T-ZIP