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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| . 19 | 996 | DIVISION OF | CORPORATIONS | | |
|---|---|---|---------------------------------------|---|--|
| DOCUM 2. Corporation N | larine | 00063669 (2 |) | | |
| BIG BOE | s's fun rentals, inc | | | | |
| Principa' Place of Business | | Mailing Address | | | 10111 Ottisa Bitad istrib Estra antes saur saar |
| 10701 S. OCEAN DRIVE JENSEN BEACH FL 34957 | | 10701 S. OCEAN DRIVE JENSEN BEACH FL 34957 | | | |
| | | | | 3. Date Incorporated or Qualified 08/17/1995 | 3a. Date of Last Report |
| 2. Principal Plac | e of Business | 2a. Mailing Address | | 4. FEI Number | Applied For Not Applicable |
| 21 | | 26 Suite, Apt. #, etc. | | 65-0604426 | \$8.75 Additional |
| Suite, Apt. #, | etc. | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| 13 | | 28 Z _D | Country | Trust Fund Contribution 8. This corporation has liability for | |
| Zip 24 | Country 25 | 29] | 30 | Florida Statutes 🔲 Yes | □No |
| : | 9. Name and Address of Cur | rent Registered Agent | | 10. Name and Address of New F | legistered Agent |
| | | | 81 Name | | |
| 10701 S. OCEAN DRIVE | | | 82 Street Add | Address (P.O. Box Number is Not Acceptable) | |
| | | | 83 | A | |
| JENSEN 1 | BEAUTI FL 3490/ | | | | 85 Zip Code |
| | | | 84 City | ration submits this statement for the pu | FL |
| SIGNATURE . | agranue types supervisiones d'agrandes l OFFICERS | AND DIRECTORS | (7) Fegstered Agent signal to requir | ADDITIONS/CHANGES TO OFF | (MTE FICERS AND DIRECTORS IN 12 Change Addition |
| TITLE | D | ☐ DELETE | 1.704.6 | | Change C Addition |
| NAME | DUCHAJ, ROBERT G 10701 S. OCEAN DRIVE | | 1.2 NAME 1.3 STHEFT ADDRESS | | |
| STREET ADDRESS | JENSEN BEACH FL 34957 | 7 | 1.4 CHY - ST - ZIP | | |
| CITY-ST ZIP | OLIVOCIA DENOTI TE O 1001 | DELFTE | 2 1 TILLE | | Change 🔲 Ad:Ixtion |
| NAME. | | | 2.2 NAME | | |
| STREET ADDRESS | | | 23 STREET ADDRESS | | |
| CITY-ST-ZIF | | | 24 CITY ST-7 P | | Change Addition |
| TITLE | | ☐ DELETE | 3 : TPLE, 32NAME | | |
| NAME STREET ADDRESS | | | 3.3 STREUT ADDRESS | | |
| City-St-Zif | | | 3.4 C/TY - \$1 - ZIF | | |
| TITLE | | ☐ DELETE | 4 ' TITLE | | Change Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STHEFF ADDRESS | المستند القوا المستر المستر المستر المستر المستر | a madimo |
| CHTY - Sr - ZIP | | DELETE | 4.4 CHY ST-ZIP 5.1 T-TLE | | 1 Addition |
| TITLE NAME | | | 52 NAME | ***200.00 | 000 070 |
| STREET ADDRESS | | | 5.3 STHEET ADDRESS | arrango (C) CO | |
| CITY-SI-7P | | | 5.4 CHY+ST-ZIP | | Change Addition |
| TITLE | | ☐ DELETE | 6 1 TILLE | | Change Addition |
| NAME | | | 6.2 NAMÉ | | 16.1 |
| STREET ADDRESS | | | 6.3 STREET ADDRESS 6.4 CIDY STIZIO | | , |
| CITY - ST- ZIP | v certify that the intermation such | ned with this filing is voluntarily to | imished and does not quad- | y for the exemption stated in Section 11 rate and that my signature shall have the | 9.07(3)(k), Florida Statutes I further |
| cartify that | the information indicated on this Lam an officer or director of the Block 12 or Block 13 if charges | consolution or the receiver of but | due empowered to execute | y for the exemption stated in Section 11, rate and that my signature shall have the this report as required by Chapter 607, | E same legal energicas in make unide Florida Statutes; and that my name |

TED NAME OF SIGNING OFFICER OR DIRECTOR

407-335-3366 Bayting Prime 4