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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000069655 (5)

TINA MARIE'S PLANT RENTAL & DISPLAYS, INC.

Principal Place of Business Mailing Address

3326 WEST WOODLAWN AVENUE 3328 WEST WOODLAWN AVENUE TAMPA FL 33607

TAMPA FL 33607

## FILED May 12 1997 8:00am Secretary of State



TAMPA FL 336	07	TAMPA FL 33607-6630								
						3.	Date Incorporated or Qualified 09/11/1995		te of Last Re 07/1996	eport
2. Principal Pl	ace of Business	2a. Mailing Address 26			4.	FEI Number 59-3341221	-	<del></del>	plied For at Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State	,			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Ζφ <b>24</b> ]	Country 25	Zip 29	30 Co	untry		8.	This corporation has liability for	intangible Yes	tax under s.	
24)	9. Name and Address of Curre		30	T		10.	Name and Address of New Ro			
343	LAW FIRM OF LAWRENCE J ALMERIA AVENUE RAL GABLES FL 33134	SPIEGEL CHRTD		81 82 83	Name Street A	ddress (F	P.O. Box Number is Not Acceptate	ole)		
				84	City	<del></del>		FL	<b>85</b> Zip (	Code
11. Pursuant I	to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	ites, the a	boye	e-named o	corporatio	on submits this statement for the r	ourpose of	changing it	s registered
office or re agent. La	egistered agent, or both, in the Stat in familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505, F	authorize Iorida Sta	d by	the corposit	oration's I	board of directors. I hereby acce	ot the app	ointment as	registered
SIGNATURE	Signature, typed or printed name of registered a	gent and tille if applicable. (NC	TE Register	ed Ape	ent signature r	equired when	n reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			-	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
DILE	PVSD	☐ DELETE	1,1 1	TILE					Change	Addition
NAME	TORRES, TINA MARIE		1.2 )	AME						
STREET ADDRESS	3328 WEST WOODLAWN AV	/ENUE	1.3 5	TREET	ADDRESS					
CITY-ST-ZIF	TAMPA FL 33607		1.4 (	HTY-\$	T- ZIP					
Trile	T	DELETE	2.11	ITLE					Change	Addition
NAME	TORRES, AILEEN M		2.21	MME						
STREET ADDRESS	3328 WEST WOODLAWN AV	/ENUE	2.3 5	TREET	ADDRESS					
CHY-SI-ZiP	TAMPA FL 33607		2.4	CITY-	ST-ZIP					
TITLE		DELETE	317	ITLE					Change	Addition
NAME			32)	IAME						
STREET ADDRESS			335	TAEET	ADDRESS					
CHY-ST-ZIP			34.	CITY-:	ST-ZIP					
TITLE		☐ DELETE	4.1 7	ITLE				************	Change	Addition
NAME			4. 2	NAME						
STREET ADDRESS			4.3 9	TREET	ADDRESS		·			
CHIY - ST - 7HF			4.4 0	ITY-9	ST-ZIP					
THLE		☐ DELETE	5.1 1	ITLE					Change	Addition
NAME			5.2	IAME						
STREET ADDRESS			5.3	FREET	ADDRESS					
CHTY - ST - ZIP			5.4 (	CITY-S	ST-ZIP					
TITLE		DELETE	6.1	ITLE					Change	Addition
NAME			621	NAME	Ì					
STREET ADDRESS			6.3	TREET	ADDRESS					
CITY-S1-7#			6.4 (	DITY - S	ST-ZIP					
44 1 1 1 1 1 1 1		24 11 12 12	· · ·	****			440 07/03/3 Flacida Otalida			

4. I do 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 for on an attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 877-222 e Dayline Phone