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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000059904 (8)

ANDY RENTAL, INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
4200 N.W. 67TH TERRACE CORAL SPRINGS FL 33067 US				4200 N.W. 67TH TERRACE CORAL SPRINGS FL 33067				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
A Diference D	lane of Flusia	Mailing Address				07/17/1996 4. FEI Number Applied For		
2. Principal Place of Business				26 26				65-0686360 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				S8.75 Additional
22				27				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23				28]				Trust Fund Contribution Added to Fees
Zip	Country 25			Zip Country			,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24		29 nt Regis					10. Name and Address of New Registered Agent	
g, Name and Address of Current Registered Agent HOWARD, GEORGE DAVID						81 Name		
4200 NW 67TH TERR						82	Street A	Address (P.O. Box Number is Not Acceptable)
	ORAL SPR					Oli CCi 7	Addition (c. c. box Hallinger to Het Addoptions)	
_						83		
						84	City	85 Zip Code
						<u> </u>	,	FL B 2000
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its regional form of the purpose of changing its regional form. It is a purpose of changing its								
agent. Familiar diff. and accept the obligations of, Section 607 0505, Florida Statutos. SIGNATURE SIGNATURE O6/01/9								
SIGNATURE Seguitors, type of pluster search of registered agent and talle If applicable (NOTE: Registered						red Age	nn' signature r	required who's reinstaling) DATE
12.		OFFICERS AN		CTORS	1:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		DELETE	1.1	THLE		Change Addition
NAME ABS-BADER, ELISABETH					1.2 N			
STREET ADDRESS 4200 N.W. 67TH TERRACE CORAL SPRINGS FL 33067							ADDRESS	
CITY-ST-ZIP	CORA	/	D DELETE	DELETE 2.1 TITLE			Change Addition	
TITLE					2.1 TOLE 2.2 NAME			Chaute Nation
NAME	ADDRESS						ADDRESS	
STREET ADDRESS CITY-ST-ZIP						2.4 CITY-ST-ZIP		
TITLE	Dr. cre					TITLE	<u> </u>	Change Addition
NAME					3.2 NAME			
STREET ADDRESS					3.3 STREET ADDRESS			
CHY-ST-ZIP						3.4. CITY - ST - ZIP		
TITLE						TITLE		Change Addition
NAME						2 NAME		
STREET ADDRESS							ADDRESS	
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l i						TITLE		C Other C Manual
NAME CAREEL ADDRESS							ADDRESS	
STREET ADDRESS						CITY-5	- 1	
CITY-ST-ZIP TITLE				DELETE		TITLE	,, Ell	Change Addition
NAME						NAME		
STREET ADDRESS					- 6		ADDRESS	
CITY-ST-ZIP						CITY-S		
dd Lhoroby c	postific that the	a information outsided	vitle thur t	libra dose not avail	fy for the c	vomr	dion etator	ed in Section 119 07(3)(i) Florida Statutes, I further certify that the information

Indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 trusted 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 an address.