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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999[©]

DOCUMENT # P96000066321 1. Corporation Name DISTRICT ART DECO RENTAL SUPPORT SERVICES, INC.

Principal Pl	ace of Business	
335 OCEAN SUITE 100	DRIVE	

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90018 007 ***150.00



rincipal Place of Business	Mailing Address			•	
5 OCEAN DRIVE	7601 E. TREASURE DRIVE		DO NOT WRITE IN TH	IIS SPACE	
IITE 100 HOOTH BAY WILLAGE FL 3314			DO NOT WRITE IN THIS SPACE		
IAMI BEACH FL 33139	HOMIT ON THE		3. Date Incorporated or Qualifed		
•			08/08/1996	Applied For	
	2a. Mailing Address		. 4. FEI Number	Not Applicable	
Principal Place of Business	26		65-0404581	\$8.75 Additional	
	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required	
Suite, Apt. #, etc.	27			\$5.00 May Be	
<u> </u>	City & State		6. Election Campaign Financing	Added to Fees	
City & State	28		Trust Fund Contribution.		
Geuntal	Zip	Country	8. This corporation owes the current year	Yes □No	
Zip Country	29 30		Personal Property Tax. 10. Name and Address of New Register	<u> </u>	
9. Name and Address of Curre			10. Name and Address of New Register		
9. Name and Address of Cure	in the second	81 Name			
OLIVA, MARTHA	and the second of the second o	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
7601 E. TREASURE DRIVE	为代表的基本的基本。		2 10 10 10 10 10 10 10 10 10 10 10 10 10	1. 3 - 2 3 4 2 2 2 3 3 12 2 3	
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, APT. 2315 NORTH BAY VILLAGE FL 33141	6	84 City		85 Zip Code	
	•	'		- of shanging its registered	
**************************************	1 607 1508 Florida Statutes	, the above-named corp	poration submits this statement for the purpos	appointment as registered	
11. Pursuant to the provisions of Sections 607.0s	te of Florida. Such change was aut	horized by the corporati	poration submits this statement for the purposition's board of directors. I hereby accept the a	•	
office or registered agent, or odding the oblig	gations of, Section 607.0505, Florid	la Statutos.		·	
agent. I am familiar with, and accept the con-					
agent, I am taminar with a second	·		DA1	TE	
SIGNATURE	gent and title if applicable. (NOTE: R	tegistered Agent signature required 13.		TE . RS AND DIRECTORS IN 12	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I turther 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 an address, with all other like empowered.

SIGNATURE: