PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90114 002 ***150.00

1. Corporation	MEN # P9700(0054589							
DELUXE	DELUXE RENTALS, INC.								
Principal Place	of Rusiness	Mailing Addre							
4522 PALM BEA		PO BOX 50037					•		
FT MYERS FL 33905 FT MYERS FL 33994						DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed	THIS SPACE		
						06/20/1997			
2. Principal P	lace of Business	2a. Mailing Ad	dress	·-	_	4. FEI Number		Applied For	
21		26				65-0764841		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired		5 Additional Required	
22	<u> </u>	27	····		_,				
City & Stat	е	City & Sta	ite			6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
23 Zin	Country	28		Country		8. This corporation owes the current ye			
Zip 24	25	29	30	Sosiiu	,	Personal Property Tax.	al ilitaligible ☐ Yes	□No	
	9. Name and Address of Curro			_	_	10. Name and Address of New Regist	ered Agent		
		T. T		, E1	⁻ Name				
WERDEHAUSEN, WILLIAM					Street Add	ress (P.O. Box Number is Not Acceptable)			
4402 CYPRESS LANE									
FT M	IYERS FL 33905			83	3				
		•		84	City		85	Zip Code	
					1 -	poration submits this statement for the purpo	FL °°		
office or r agent. I a SIGNATURE	registered agent, or both, in the Stat rn familiar with, and accept the oblig Signature, typed or printed name of registered a	pations of, Section 60	17.0505, Florida	Statute	<u>s.</u>	on's board of directors. I hereby accept the			
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	PDST		DELETE	1.1 TITLE	•		☐ Cha	nge	
NAME	WERDEHAUSEN, WILLIAM		•	1.2 NAME					
STREET ADDRESS	4402 CYPRESS LANE			1.3 STREE	ET ADDRESS				
CITY+ST-ZIP	FT MYERS FL 33905			1.4 CITY-	ST-ZIP		C) Cha	as	
TITLE		L	DELETE	2.1 TITLE			Cha	nge	
NAME				2.2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP		Cha	nge	
TITLE		L	J 046614	3.2 NAME					
NAME STREET ADORESS					ET ADDRESS				
STREET ADORESS				3.4. CITY-					
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	<u> </u>		☐ Cha	nge Addition	
NAME				4. 2 NAME	:				
STREET ADDRESS	·			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP]		i	4.4 CITY-					
TITLE			DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Cha	nge 🗌 Addition	
NAME				5.2 NAME	i i				
STREET ADDRESS	,				ET ADDRESS				
CITY-ST-ZIP		<u> </u>		5.4 CITY-					
TITLE			DELETE	6.1 TITLE	. 1		☐ Cha	nge 🔲 Additior	

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 an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZiP