SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000055606 (2)

RENTSAVERS USA, INC. Nome was changed to 首型加

90 007 13 AMII: 17



Town GROVE PRONINGES INC.										
Principal Place of Business Malling Address								r seerines are serir their bette entit	tet (##)	
22191 POWERLINE ROAD #5A 22191 POWERLINE (
BOCA RATON FL 33433 BOCA RATON FL 33433								DO NOT MIDITE IN THIS BOARS		
								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
								06/24/1997	ļ	
2. Principal P	lace of Business	2a. Mailing Address								
21		26					/ C 0222			
Suite, Apt	#, etc.	Suite, Apt. #, etc.					\$9.75 Additi			
22		27					5. Certificate of Status Desired Fee Require			
City & Stat	le	City & State					6. Election Campaign Financing \$5.00 May			
23		28					Trust Fund Contribution Added to Fees			
Zip	Zip Country			Zip Cou				8. This corporation owes or has pald the current year Intangible		
24	25		29		30			Personal Property Tax due June 30. Yes No		
								10. Name and Address of New Registered Agent		
SCH	IARF, ROBERT	D ESQ				81	Name			
1999	UNIVERSITY D		ŀ	82	Street Add	Address (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS FL 33071						~-	2 Subst Address (F.O. Box Mulliber is Not Acceptable)			
						83				
						84	04.			
					1	64	City	FL 85 Zip Code	- [
11. Pursuant	to the provisions	of sections 607,0502	and 607	.1508, Florida Statute	s, the abo	ove-	named corpo	pration submits this statement for the purpose of changing its register	ed	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.										
SIGNATURE	·	, ,								
	Signalure, typed or prin	led name of registered agent	and title if a	pplicable (NC	TE: Register	ad Ag	geni signature req	uired when reinstating) DATE	-	
12.		OFFICERS AND	DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	V 12	
TITLE	D			DELETE	1.1 TIT	ĻΕ	M	ES, SEC, TREAS, OIRECTOR Change	Addition	
NAME	AAAA BOUEOURE BOAD #=									
STREET ADDRESS	-				1.3 \$TR	1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433					Y-ST-	-ZIP			
TITLE				L DELETE	2.1 TIT	LE		80000266 3 6987	10000	
NAME				2.2 NA	ΜĒ		80000266 36 60872555 -10/14/98- -0 1060002 ****550.00 ****550.00			
STREET ADDRESS	•				2.3 STR	EETA	ADDRESS	****55U.UU ****55U). UU	
CITY-ST-ZIP		2.4 Ci				ZIP				
TITLE			L DELETE	, 3.1 TITL		}	Change .	Addition		
NAME					3.2 NAM					
STREET ADDRESS				3.3 STR	EETA	ADDRESS]		
CITY-ST-ZIP					3.4 CIT		ZIP			
TITLE				DELETE	4.1 TITL			Change A	Addition	
NAME					4.2 NAN				1	
STREET ADDRESS				4.3 STREET ADDRESS			ADDRESS		1	
CITY-ST-ZI	······································			··· -	4.4 CITY		ZIP	:		
TITLE				L DELETE	5.1 T(TL			Change 4	Addition	
NAME				5.2 NAME				,, , do		
STREET ADDRESS				5.3 STREET ADDRESS			ADDRESS	4117		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			ZIP				
TITLE			DELETE 6.1 TITL			Ε		Change A	ddition	
NAME					6.2 NAM	1E		•		
STREET ADDRESS					6.3 STR	EETA	ADDRESS			
CITY-ST-ZIP					6.4 CITY	/-ST-7	zie			

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.

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