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 # P97000059340 (4)

F M O INVESTMENTS AND RENTALS, INC.

FILED Jan 22 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		E SAMESOND STA INSSES SAMES WAS MARK ANDERS MISSES MISSES MISSES STATE WAS MISSES WAS A SAME WAS A SAME WAS A
26700 OLD US 41 RD BONITA SPRINGS FL 33923		26700 OLD US 41 RD BONITA SPRINGS FL 33923		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				07/08/1997
2. Principal Pl	ace of Business	2a. Mailing Address	11CAL D ~	4. FEI Number Applied For
21		26 26700 OLD US41 RD		× 65-07657/5 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
City & State		27 Suite		Fee Required
23		28 BONTA SPRIMS FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip .	Country	B. This corporation owes or has paid the current year Intangible
24	25	29 34135 3		Personal Property Tax due June 30. Yes No
	g. Name and Address of Current			10. Name and Address of New Registered Agent
OSPINA, FELIX M 181 Name IT IX H OSDIOA				
10107 SANDY HALLOW LAND #308			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
BONITA SPRINGS FL 34135			1 26 1	00 OLD 41 RD #1
83			83	·
			84 City	Social State Code
				7111A3PR(1)43 FL 34/35
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Signative, typed or printed name of registered agont and title if eppilicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PSD PSD	DELETE	1.1 TITLE	Change Addition
NAME	OSPINA, FELIX M		1.2 NAME	
STREET ADDRESS	10107 SANDY HALLOW LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		1.4 City+ST-ZiP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	L_ Change L_ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		Driete	4.4 CITY - ST - ZIP	Obsessed Addition
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	Change Addition
TITLE		☐ hereie	6.1 TITLE	C cuanda C vocation 1
NAME OTOGET ADDRESS			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. Thereby 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 of the c

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