FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED PROFIT May 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State . Secretary of State .1998 DIVISION OF CORFORATIONS DOCUMENT # P97000067927 (8) JUST FOR CHILDREN RENTALS, INC. Principal Place of Business Mailing Address 5429 LIGHTHOUSE RD 5429 LIGHTHOUSE RD ORLANDO FL 32808 ORLANDO FL 32808 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1997 2. Principal Place of Business 2a. Maling Address Applied For 21 5442 Britan Dr. 59-3461056 Not Applicable Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GREEN, NIANZA 5429 LIGHTHOUSE RD Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32808 83 84 City 85 Zip Code 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent if am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (BOT). Hings limited Age: It signature required when reinstitling: 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.17006 Change Nice President Additron NAME Artean Guller 5442 Britan Driv L2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHY ST-ZIE Orlando, F1 TITLE 2.1 TITLE President NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY ST-ZIP TITLE DELETE 3.1 HFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4111111 Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CHTY - ST - ZIP TITLE DELETE 5 1 TITLE ☐ Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST ZIP TITLE DELETE 6 1 TITLE Change: ____ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 C TY - ST - ZIP 4. Thereby certify that the information supplied with the filing does not quality for the exemption stated in Section 119.07(3)(.), 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 outh, that I am an officer or director of the corporation of the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

3128/96

Block 12 or Block 13 if changed

SIGNATURE: