FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000067927**

JUST FOR CHILDREN RENTALS, INC.

Principal Place of Business Mailing Address							in milit innin iniia	1585 1001 1001
5429 LIGHTHOL	5442 BRITAN DRIVE	AN DRIVE						
ORLANDO FL 32808 ORLANDO FL 32			. 32908			DO NOT WRITE IN THIS SPACE		
	•	US				3. Date Incorporated or Qualifed	13 SFACE	
						08/04/1997		
2. Principal P.	lace of Business	2a. Mailing Address			-	4. FEI Number	Ap	plied For
26						59-3461056	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A	
22 27				<u> </u>		3.	Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00	
23	Country Zip C			trv		Trust Fund Contribution	Added t	o rees
Zip	25	Zip Cou 29 30				 This corporation owes the current year Personal Property Tax. 	Yes	⊠ No
24	9, Name and Address of Current	_ _	30;	_		10. Name and Address of New Registere	d Agent	
	; .			81	Name			
Green, Nianza				82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
5429 LIGHTHOUSE RD					Sueet Address	38 (1.0. Box Humber is Hot Acceptable)		
ORLANDO, FL 32808			[1	83				
			l,	84	City		. 85 Zip (Code
					· ·	<u>_</u>	L	
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 register 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 a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statul	les.				1
SIGNATURE	<u> </u>					when reinstating) DATE		
					signature required w	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS 13.					ABBITIONO/ANTOLO TO OFFICE I	Change	Addition
NAME	GULLEY, ARLEAN 12N			Æ				ľ
STREET ADDRESS	CAAC DON'TAN DON'T			EET #	ADORESS			
CITY-ST-ZIP	ORLANDO FL 32808 14			1.4 CITY-ST-ZIP				
TITLE	P DELETE 2.1 TI			Æ			Change	Addition)
NAME	GREEN, NIANZA 22 N			Æ	ļ			
STREET ADDRESS				EETA	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32808		2. 4 CIT	_	-ZIP			[Addition
TITLE	•	☐ DELETE	3.1 TITL				☐ Change	Addition
NAME	,		3.2 NAM			2 ·		ļ
STREET ADDRESS					ADDRESS			- <u></u>
CITY-ST-ZIP		DELETE	3.4. CIT 4,1 TITL		-ZIP		☐ Change	Addition
TITLE			4. 2 NA					
NAME etheet annhees	<u> ;</u>				ADDRESS			}
STREET ADDRESS			4.4 CITY		į.			
TITLE	(C) (C)	☐ DELETE	5,1 TITL				☐ Change	Addition
NAME			5.2 NAM	Æ	ľ	the state of the second		
STREET ADDRESS			5.3 STR	EET A	ADDRESS			ender i
CITY-ST-ZIP .,:	1718 Note to the to		5.4 CITY	Y-ST-	ZIP	79 W 1 5 9 JUL 17 9 19 44-4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	211 6. 11 ·	** * * **
TITLE	• • • • • • • • • • • • • • • • • • • •	☐ DELETE	6.1 TITL				Change	Addition
NAME	6.2 N			Æ				{
OTDEET ANNOESS	· ·	• ••	6.3 STR	EET A	ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90035 034 ***150.00

407-522-0233