

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000087144 (6)**

1. Corporation Name
ATLANTIC RENTAL AND LEASING, INC.

Principal Place of Business

**7308 ATLANTIC BOULEVARD
JACKSONVILLE FL 32211**

Mailing Address

**7308 ATLANTIC BOULEVARD
JACKSONVILLE FL 32211**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1997	
21	7238 Atlantic Boulevard	26	7238 Atlantic Boulevard	4. FEI Number 59-3492010	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State Jacksonville, FL		City & State Jacksonville, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip 32211	28	Zip 32211	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country USA	29	Country USA		

9. Name and Address of Current Registered Agent

**KELLY, TIMOTHY P
121 WEST FORSYTH STREET
STE. 900
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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 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

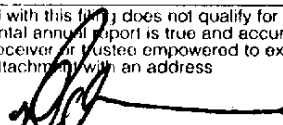
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D
NAME	ALLEN, MARK	1.2 NAME	
STREET ADDRESS	7308 ATLANTIC BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	Y
NAME		2.2 NAME	Easton, Gwendol O.
STREET ADDRESS		2.3 STREET ADDRESS	720 2nd St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Neptune Bch., FL 32216
TITLE		3.1 TITLE	V/S
NAME		3.2 NAME	Allen, Wendi
STREET ADDRESS		3.3 STREET ADDRESS	7308 Atlantic Boulevard
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:

 **Mark Allen 3-19-98 904-724-1579**

CR2E034 (10/97)