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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCU	MENT # P970	00100330 (4 \						
	R RENTALS, INC.	00100000 (7)			! (28)/10) (18 15)/ 14 15)/ 14 16)	46111 (4 6 11 46 11	 	Oldan e d an 1 11 0
Principal Place of Business Mailing Address									
5820 PALMER BOULEVARD		· ·	5820 PALMER BOULEVARD						
UNIT B SARASOTA FL 34232		UNIT B							
		SARASOTA FL 3423	SARASOTA FL 34232			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						12/01/1997	ı		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-079786	2		Not Applicable
Suite, Apt.	#, etc.	Suitc, Apt. #, etc			· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired			Additional
2		27				D. Continuation of status posited		Fee !	Required
City & State	9	City & State				6. Election Campaign Financing			O May Be
Zip	Country	28		untry		Trust Fund Contribution	D solid the sur		d to Fees
210	25	29	30	arttr)	,	This corporation owes or has Personal Property Tax due Ju		_ ′	Intangible
	9, Name and Address of Cu			Т		10. Name and Address of New I			
RFI	LER, JOHN Z			81	Name				
5820 PALMER BOULEVARD				82	Stroet Arid	Iress (P.O. Box Number is Not Accept	ah(a)		
UN				02	Sileet Add	ress (i .O. Box Number is Not Accept	able)		
	RA SO TA FL 34232			83					
				84	City			85 Zir	p Code
				") Only		FL	. 63 24	70000
SIGNATURE	m familiar with, and accept the o	st agent and tille if applicable	(NOTE: Register	od Age		irod when féinstating)	DATE		
12.		AND DIRECTORS	13.		·	ADDITIONS/CHANGES TO OF	ICERS AND		
TITLE	D BEILED JOHN 7	L.J DELETI		ITLE				Change	Addition
NAME CORREST ADDRESS	BE ILER, JOHN Z 582 0 PALMER BOULEVAR	א זואוז פ		NAME	. Apporeo				
STREET ADDRESS	SARASOTA FL 34232	טא, טאוז ס			ADDRESS				
CITY-ST-ZIP TITLE	ONINOUTA I L 01202	DELETE			ST-ZIP		···	Change	Addition
NAME				AME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST-ZIP	I_{ab}	× ~		
TITLE	☐ DELETE		3.17	3.1 TITLE				Change	Addition
NAME			3.2	AME					
STREET ADDRESS			3.3 \$	STREET	ADDRESS				
CITY-ST-ZIP					ST-ZIP			-	
TITLE		☐ DELETE			ľ			Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE			IT-ZIP			Change	Addition
NAME		_ vaca		IAME				- Oriente	- Andreigh
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					T-ZIP				
TITLE		DELETE						Change	Addition
NAME			6.2 M	IAME		•			
STACET ADDRESS			600	TOFF	ADDOFED				

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or in an attachment with an address.

SIGNATURE: (ha Freil

4-79-98 941-371,0008

FILED

Jun 04 1998 8:00am

Secretary of State