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 # P97000108186

1. Corporation Name

DELTONA RENTALS, INC.

Principal Place of Business

712 FORT SMITH BLVD.

Mailing Address

71 Di

712 FORT SMITH BLVD. DELTONA FL 32738

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90168 048 ***158.75



DELTONA FL 32738		DELTONA FL 32738		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 12/26/1997		
2. Principal Pl	ace of Business	2a. Mailing Address	01	4. FEI Number	Ap	plied For
21 274	2 Elkcam Blud	26 2742 Elk	cam Blue	59-3492217	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.	. خسر	5. Certificate of Status Desired	\$8.75 A	
City & State	ONA FL	City & State 28 Deltona	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 24 327	Country 25	Zip 29 32738 30	Country	This corporation owes the current year Inta Personal Property Tax.	ngible Yes	□No
	9. Name and Address of Current f	Registered Agent		10. Name and Address of New Registered A	(gent	
	ilsifer, William S. Ridgewood avenue e C			Sienald W. Belsh ddress (P.O. Box Number is Not Acceptable)	<u>1 e – </u>	
	TONA BEACH FL 32114	-	84 City 1	Poltma FL	85 Zip C	Code 72 S
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 a egistered agent, or both in the State of m familiar min, and accept the origation	Gerald	k W. B.	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint	changing its	registered gistered
	Signature, typed or printed name of registered agent a		egistered Agent signature re			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO Change	RS IN 12
TITLE	STVP	☐ DELETE	1.1 TITLE		Change	Addition
NAME	BELSHE, GERALD W		1.2 NAME	2742 Elecam Blud.		\ \
STREET ADDRESS	2770 MALDIVE COURT		1.3 STREET ADDRESS	2 14 DEIREMAN WITH		
CITY-ST-ZIP	DELTONA FL 32738	☐ DELETE	1.4 CITY-ST-ZIP		Change	Addition
TITLE)		C perese	2.1 TITLE		Ollange	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP	<u> </u>	Change	☐ Addition
TITLE			3.2 NAME			
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE		· DELETE	4.1 TITLE		Change	Addition
NAME		_	4. 2 NAME			1
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	! ·		4.4 CITY-ST-ZIP			}
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS		•	5.3 STREET ADDRESS			İ
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u>_</u>		
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME		•	6.2 NAME			. }
STREET ADDRESS		×.	6.3 STREET ADDRESS			
CITV.ST. ZIP	,		6.4 CITY-ST-ZIP			ł

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 attachyright with appaddregs, with all other like empowered.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 16/99 532 - ₹33 Daytime Phone #