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 # P98000018543

DOWNTOWN RENTALS, INC.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90006 023 ***150.00



Principal Place	e of Business	Mailing Address							
4462 VIOLET AVE.		4462 VIOLET AVE.							
SARASOTA FL 34233		SARASOTA FL 34233				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			1
						02/24/1998			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FFI Number	App	lied For	
21		26				65-0817433	Not	Applicable]
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			,	5. Certificate of Status Desired Sa.75 Additional Fee Required			
City & State		City_& State		-		-6Election:Campaign:Financing	\$5.00-h	May Be	ــــــــــــــــــــــــــــــــــــــ
23	`	28				Trust Fund Contribution	Added to		
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year Intang			
24	25	29	30			, clocker, topolity in the		□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent			
				81	Name				}
	INTAL, JONATHAN	8			Street Add	ress (P.O. Box Number is Not Acceptable)			
4462	! VIOLET AVE.	102			Olf Cot Man				J
SAR	ASOTA FL 34233	83							
			7		01		85 Zip Ci	ode	-
				84	City	FL\ [°]	20 20	oue	
office or re	egistered agent, or both, in the State o	of Florida. Such change was at	utnonze	a by tr	named cor ne corpora	rporation submits this statement for the purpose of cha tion's board of directors. I hereby accept the appointm	inging its reg	egistered istered	}
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	rida Stat	tutes.					
SIGNATURE		MOTE AND THE PROPERTY AND THE	. Dagistata	d Agont o	rianatura racui	red when reinstating) DATE			١,
12.	Signature, typed or printed name of registered agent and title if applicable. (NI OFFICERS AND DIRECTORS				signature requi	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	RS IN 12	1 8
TITLE	D			ITLE		the state of the s] Change	Addition	1-3
NAME	SHEINTAL, JONATHAN			1.2 NAME					
STREET ADDRESS	4462 VIOLET AVE.			1.3 STREET ADDRESS					}
CITY-ST-ZIP	SARASOTA FL 34233			1.4 CITY+ST-ZIP					8
TITLE	OATTAGOTA TE GTEGO			2.1 TITLE] Change	Addition	7
NAME				2.2 NAME					
STREET ADDRESS	IRESS		2.3 5	2.3 STREET ADDRESS					ł
CITY-ST-ZIP			1	2.4 CITY-ST-ZIP					
-TITLE		DELETE	3.1 T] Change	Addition]
NAME				IAME					-
STREET ADDRESS			3.3 STREET ADDRES		NODRESS				
CiTY-ST-ZIP			3.4. 0	CITY-ST-	-ZIP				
TITLE		☐ DELETE	4.1 T] Change	Addition	

6.4 CITY-ST-ZIP 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, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Addition

Addition

☐ Change

☐ Change