

FILE NOW: FILING FEE AFTER MAY 1

DOCUMENT - 1

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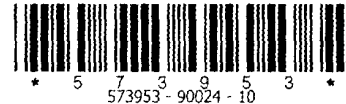
PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA

DIVISION

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**  
06-10-1999 90024 010 \*\*\*550.00

DOCUMENT # **P98000044047**

1. Corporation Name

**PORTABLE FLOOR RENTALS, INC.**

Principal Place of Business

Mailing Address

**160 NW 51ST ST**  
**BOCA RATON FL 33431**

**160 NW 51ST ST**  
**BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/15/1998**

4. FEI Number

**65-0832009**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year intangible Personal Property Tax ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**NEWMAN, PHILIP**  
**160 NW 51ST ST**  
**BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name

**REX JOHNSON**

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

**160 NW 51st ST.**

83.

84. City

**Boca Raton****FL**

85. Zip Code

**33431**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

*REX JOHNSON***REX JOHNSON****5/7/99**

Signature, typed or printed name of officer or director and the President.

NOTE: Registered Agent signature required when appointing.

(Date)

12. OFFICERS AND DIRECTORS

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>PRESIDENT</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>ROBERT B. THELE</b>            |                                 |
| STREET ADDRESS | <b>783 SHADY LAKE DRIVE</b>       |                                 |
| CITY-ST-ZIP    | <b>SALT LAKE CITY, UTAH 84104</b> |                                 |
| TITLE          | <b>VICE PRES.-FINANCE</b>         | <input type="checkbox"/> DELETE |
| NAME           | <b>RANDALL J. PETERSEN</b>        |                                 |
| STREET ADDRESS | <b>1767 JANELLA CIRCLE</b>        |                                 |
| CITY-ST-ZIP    | <b>SANDY, UT 84093</b>            | <input type="checkbox"/> DELETE |
| TITLE          | <b>VICE PRES.-MANUFACTURING</b>   |                                 |
| NAME           | <b>BRAD ANDES</b>                 |                                 |
| STREET ADDRESS | <b>3571 S. HUNTINGTON DRIVE</b>   |                                 |
| CITY-ST-ZIP    | <b>BOUNTIFUL, UT 84010</b>        | <input type="checkbox"/> DELETE |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 11. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |                                                                   |
| 13. STREET ADDRESS |                                                                   |
| 14. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21. TITLE          |                                                                   |
| 22. NAME           |                                                                   |
| 23. STREET ADDRESS |                                                                   |
| 24. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31. TITLE          |                                                                   |
| 32. NAME           |                                                                   |
| 33. STREET ADDRESS |                                                                   |
| 34. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41. TITLE          |                                                                   |
| 42. NAME           |                                                                   |
| 43. STREET ADDRESS |                                                                   |
| 44. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51. TITLE          |                                                                   |
| 52. NAME           |                                                                   |
| 53. STREET ADDRESS |                                                                   |
| 54. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61. TITLE          |                                                                   |
| 62. NAME           |                                                                   |
| 63. STREET ADDRESS |                                                                   |
| 64. 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)(g), 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.

SIGNATURE:

*REX JOHNSON***REX JOHNSON****5/7/99****561/997-5455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)

CR2E034 (11/98)