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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

POST OFFICE BOX 600

KEY LARGO FL 33037



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000049943

Corporation Name
AMERICAN CARIBBEAN RENTANS, INC.

Mailing Address

POST OFFICE BOX 600

KEY LARGO FL 33037

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

04-23-1999 90072 015 ***150.00



79 305.451.4078

		DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualifed	
ace of Business 2a. Mailing Address 26		4. FEI Number 65 · 085 + 655	Applied For Not Applicable
		€ Ω .	
27		5. Certificate of Status Desired	
City & State		6. Election Campaign Financing 55	.00 May Be
		Trust Fund Contribution Added to Fees	
Zlp Country		8. This corporation owes the current year Intangible	
30		Personal Property Tax. ☐ Yes ☐ No	
stered Agent		10. Name and Address of New Registered Agent	
	81 Name		
	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 1800			
	"		
	84 City	FL 85	Zip Code
607.1508, Florida Statutes, the da. Such change was authorized , Section 607.0505, Florida Sta	above-named corporation at utes.	on's board of directors. I hereby accept the appointment	as registered
Joy C. if applicable. (NOTE) Registers	May to ned Agent signature required	i i i i i i i i i i i i i i i i i i i	7
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1.2	NAME		
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54	1 /	G/N	Addition
544 DELETE 6.1	CITY-ST-ZIP		Addition
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	Suite, Apt. #, etc. City & State Zip Co. 30 stered Agent So7.1508, Florida Statutes, the da. Such change was authoriz, seption 607.0505, Florida Statutes. If applicable. (NOTE Register ECTORS 13 DELETE 1.1 DELETE 2.1 1.3 1.4 DELETE 3.1 32 3.3 3.4 DELETE 4.1 4.2 4.3 DELETE 5.1 52	Suite, Apt. #, etc. City & State Zip	3. Date Incorporated or Qualified

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 charged, or on an attachment with an address, with all other like empowered.