

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90139 008 \*\*\*150.00

DOCUMENT # P98000053134

1. Corporation Name  
THE RENTEK GROUP, INC.

Principal Place of Business  
4814 NO. GRADY AVE.  
TAMPA FL 33614

Mailing Address  
P.O. BOX 15717  
TAMPA FL 33684-5717



DO NOT WRITE IN THIS SPACE

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address                                   |  | 3. Date Incorporated or Qualified   |  |
| 21 1737 EIK SPRING DR                           |  | 26  |  | 06/11/1998  |  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc.                                   |  | 4. FEI Number   |  |
| 22  |  | 27  |  | 59-3518679  |  |
| City & State                                    |  | City & State  |  | Applied For   |  |
| 23 BRANDON FL                                   |  | 28  |  | Not Applicable  |  |
| Zip Country                                     |  | Zip Country   |  | 5. Certificate of Status Desired  |  |
| 24 33511 25 USA                                 |  | 29 30   |  | 6. Election Campaign Financing Trust Fund Contribution                      |  |
| 9. Name and Address of Current Registered Agent |  | 10. Name and Address of New Registered Agent          |  | 8. This corporation owes the current year Intangible Personal Property Tax. |  |
| MAGLIANO, JOHN A III                            |  | 81 Name   |  | 8. Yes No   |  |
| 4814 NO. GRADY AVE.                             |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  | 8. Yes No   |  |
| TAMPA FL 33614                                  |  | 83  |  | 8. Yes No   |  |
|   |  | 84 City   |  | 8. Yes No   |  |
|   |  | FL  |  | 8. Yes No   |  |
|   |  | 85 Zip Code   |  | 8. Yes No   |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |
|----------------------------|----------------------|---|--------------------|
| TITLE                      | D                    | 1.1 TITLE   | Change Addition    |
| NAME                       | MAGLIANO, JOHN A III | 1.2 NAME  |                    |
| STREET ADDRESS             | 4814 NO. GRADY AVE.  | 1.3 STREET ADDRESS                                    | 1737 EIK SPRING DR |
| CITY-ST-ZIP                | TAMPA FL 33614       | 1.4 CITY-ST-ZIP                                       | BRANDON, FL 33511  |
| TITLE                      |                      | 2.1 TITLE   | Change Addition    |
| NAME                       |                      | 2.2 NAME  |                    |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                      | 3.1 TITLE   | Change Addition    |
| NAME                       |                      | 3.2 NAME  |                    |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                      | 4.1 TITLE   | Change Addition    |
| NAME                       |                      | 4.2 NAME  |                    |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                      | 5.1 TITLE   | Change Addition    |
| NAME                       |                      | 5.2 NAME  |                    |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                      | 6.1 TITLE   | Change Addition    |
| NAME                       |                      | 6.2 NAME  |                    |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                      | 6.4 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.

SIGNATURE: \_\_\_\_\_ Date: 4-27-99 (813) 416-7753