


**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90231 026 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000076820</b>					
1. Corporation Name <b>A&amp;W RENTAL CORP.</b>					
Principal Place of Business <b>800 SOUTHEAST THIRD AVENUE          SUITE 300          FT. LAUDERDALE FL 33316</b>			Mailing Address <b>800 SOUTHEAST THIRD AVENUE          SUITE 300          FT. LAUDERDALE FL 33316</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>09/04/1998</b>					
2. Principal Place of Business <b>21 231 174th Street</b> Suite, Apt. #, etc. <b>22 1620</b> City & State <b>23 Miami Beach, FL</b> Zip Country <b>24 07410 25 USA</b>				2a. Mailing Address <b>26 800 SE Third Ave.</b> Suite, Apt. #, etc. <b>27 301</b> City & State <b>28 Ft. Lauderdale, FL</b> Zip Country <b>29 33316 30 USA</b>	
4. FEI Number <b>65-0862144</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>LABATE, MARK J          800 SOUTHEAST THIRD AVENUE          SUITE 300          FT. LAUDERDALE FL 33316</b>			10. Name and Address of New Registered Agent <b>81 Name          LABATE, Mark J.          82 Street Address (P.O. Box Number is Not Acceptable)          800 SE Third Avenue          83 Suite 301          84 City          Ft. Lauderdale FL 85 Zip Code          33316</b>		
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 <i>Mark J. Labate</i> <b>MARK J. LABATE</b> <b>3/30/99</b> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE <b>D</b> NAME <b>WANOUNOU, IZAK</b> STREET ADDRESS <b>30-24 BROOKSIDE AVENUE</b> CITY-ST-ZIP <b>FAIRLAWN NJ 07410</b>					
TITLE <input type="checkbox"/> DELETE <b>D</b> NAME <b>WANOUNOU, ALBERT</b> STREET ADDRESS <b>231 17TH STREET APT 1620</b> CITY-ST-ZIP <b>MIAMI BEACH FL 33160</b>					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
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					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D,P,T</b> 1.2 NAME <b>Wanounou, Izhak</b> 1.3 STREET ADDRESS <b>30-24 Brookside Avenue</b> 1.4 CITY-ST-ZIP <b>Fairlawn, NJ 07410</b>					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D,VP,S</b> 2.2 NAME <b>Wanounou, Albert</b> 2.3 STREET ADDRESS <b>231 174th Street, Apt. 1620</b> 2.4 CITY-ST-ZIP <b>Miami Beach, FL 33160</b>					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: *Mark J. Labate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Date **March 4, 1999** (305) 936-1539  
 Daytime Phone #

CR2E034 (11/98)