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PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000097525**1. Corporation Name

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90098 050 ***150.00

ABC TRAVELIN' TODDLER RENTALS, INC.					5 100110#2 III (8:8) (8:II (80II) #8:III	*****		(18 8)	
Principal Place	e of Business	Mailing Address			in.vis				Itaar arn raar
668 ROSEMERE CIRCLE POST OFFICE BOX 967									
ORLANDO FL 32835 GOTHA FL 34734-0967						DO NOT WRITE IN THIS SPACE			
NP				~		3. Date Incorporated or Qualifed			
						11/19/1998			
	lace of Business	2a. Mailing Address				4. FEI Number 59 - 3543041		++-	plied For
21	# oto	26 Suite: Apt: #: etc:						\$8.75	t Applicable
Suite, Apt. #, etc. 22 27						5. Certificate of Status Desired		Fee Re	
City & State City & State						6. Election Campaign Financing		\$5.00	· .
23 28						Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Coun	try		This corporation owes the curren Personal Property Tax.		ngible [□ Yes	□No
24	9. Name and Address of Curren	29 29 Agent	30			10. Name and Address of New Reg			
	V. Hame and Address V. Vallet.		1	81 N	ame				_
AMERILAWYER			18	32 S1	reet Addre	dress (P.O. Box Number is Not Acceptable)			
	ALMERIA AVENUE		L			diess (F.O. Box Number is Not receptable)			
COH	RAL GABLES FL 33134		1	B3					
			[7	84 C	ity		FL	85 Zip (Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authorized to the change was authorized to the change was authorized to the change was authorized.				ove-na	med corpo	ration submits this statement for the pu	irpose of c	hanging its	registered
office or r	enistered agent or both in the State :	of Florida. Such change was at	utnonzea i	by the	corporation	n's board of directors. I hereby accept t	the appoint	tment as re	gisterea
agent Lai	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statut	es.					
agent. I a		tions of, Section 607.0505, Fiol	rioa Statut	es.					
agent. I ai	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered A	es.		when reinstating)	DATE		
agent. I all SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	tions of, Section 607.0505, Fiol	rioa Statut	es. gent sigr			DATE		
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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: