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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000100910

1. Corporation Name

SUGARLAND RENTALS, INC.



Principal Place of Business

Mailing Address

1610 SOUTHERN BLVD.
WEST PALM BEACH FL 334061610 SOUTHERN BLVD.
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1324 S. MAIN ST

26 1324 S. MAIN ST.

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

59-3549287

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

City & State

City & State

23 Belle Glade, FL

28 Belle Glade, FL

Zip

Zip

24 33430 25 USA

29 33430 30 USA

6. 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

10. Name and Address of New Registered Agent

HOFFMAN, ALLAN L
1610 SOUTHERN BLVD.
WEST PALM BEACH FL 3340681 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84

Belle Glade FL 85 Zip Code 33430

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE1.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ☐ DELETE2.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ☐ DELETE3.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE4.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE5.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE6.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP6.2 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)(f), 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 2 or Block 13 if changed, or on an attachment with an address, with or without other like authority.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)