

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V13743** (2)

1. Corporation Name
FLORIDA SAFE RENTS, INC.

Principal Place of Business
**8843 SW 107TH AVE
MIAMI FL 33176**

Mailing Address
**8843 SW 107TH AVE
MIAMI FL 33176**

APPROVED
AND
FILED

53 MAY -1 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 6212 S. Dixie Hwy.		25 6212 S. Dixie Hwy.		02/11/1992	04/08/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State Miami, FL		28 City & State Miami, FL		65-0311229	Not Applicable
24 Zip 33143		29 Zip 33143		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Country USA		Country USA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	☒ Yes ☐ No

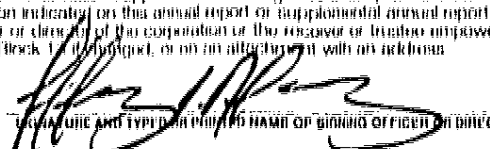
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIMON, GARY P. 9100 S DADELAND BLVD SUITE 504 MIAMI FL 33156-7815		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	NUNBERG, JEFFREY S.	1.2 NAME	
STREET ADDRESS	8843 SW 107TH AVE	1.3 STREET ADDRESS	6212 S. Dixie Hwy.
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	Miami, FL 33143
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GARGANO, CHRIS	2.2 NAME	
STREET ADDRESS	9005 SW 87TH ST	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as indicated, or on an attachment with my address.

SIGNATURE: 

Jeffrey S. Nunberg

Date: _____

Signature of Secretary of State: _____