FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V58831** **(1)**

1. Corporation Name
ON LOCATION RENTALS, INC.

Principal Place of Business	Mailing Address
8921 CRESCENT DRIVE MIRAMAR FL 33025	8921 CRESCENT DRIVE MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1992
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: 3700 N. 56TH. AVE.
Suite, Apt. #, etc.
22: APT. 1024
City & State
23: HOLLYWOOD, FLORIDA
Zip 24: 33024 Country 25: USA

2a. Mailing Address
26: P.O. BOX 2146
Suite, Apt. #, etc.
27:
City & State
28: HALLANDALE, FLORIDA
Zip 29: 33008-2146 Country 30: USA

4. FEI Number: 65-0355624 ☐ Applied For ☐ Not Applicable

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

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

SAKOFF, ALAN
8921 CRESCENT DRIVE
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name: SAKOFF, ALAN
82 Street Address (P.O. Box Number is Not Acceptable): 3700 N. 56TH. AVE.
83: APT. 1024
84 City: HOLLYWOOD FL 85 Zip Code: 33024

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: Alan M Sakoff 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	SAKOFF, ALAN M	12 NAME	SAKOFF, ALAN M.	
STREET ADDRESS	8921 CRECENT DR.	13 STREET ADDRESS	3700 N. 56TH. AVE. APT. 1024	
CITY ST ZIP	MIRAMAR FL 33025	14 CITY ST ZIP	HOLLYWOOD, FL. 33024	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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.

SIGNATURE: Alan M Sakoff ALAN M. SAKOFF 4/24/95 (305) 432-2005
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0007476 CP