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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

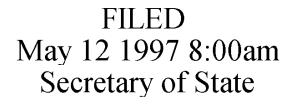
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V62196

(3)

C.P.A. RENTAL, INC.





Principal Pla	ace of Business	Mailing Address	Mailing Address 2929 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33316-4023			T 1881) ETIEN STUTO STOOL HELIE HEVIN DIIN BION ONDIN BIEN ONDIN OLON ICOL			
	FEDERAL HIGHWAY DALE FL 33316								
					3. Date Incorporated or Qualified 09/04/1992	3a. Date 0		Report	
Principal Place of Business		2a. Mailing Address 26	2a. Mailing Address 26			4. FEI Number Applied For 65-0353309 Not Applied			
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State		City & State				\$5.00 May Be Added to Fees			
Zip	Country	Zip	Countr	у	Trust Fund Contribution 8. This corporation has liability for Florida Statutes	r intangible tax	under s		
24	9, Name and Address of Cur	29 rent Registered Agent	30		10. Name and Address of New F				
ויח	ESPIES, KEVIN J.		81	Name)	17 7 11				
	1 SE 12TH ST		\ <u></u>	V V	. • • • • • • • • • • • • • • • • • • •				
	. LAUDERDALE FL		82	Street Agar	ess (P.O. Box Number is Not Accept	3 9 18)			
	. Chopenbace i c		83	1		, , , , , , , , , , , , , , , , , , , 			
			84	City 14	" IAVO. FL	FL	35 Zip	2311.	
11. Pursuar	al to the provisions of Sections 607.0	0502 and 607 1508. Florida Statut	tes the abov	ve-named corp	poration submits this statement for the		anging	its registered	
office of	r registered agent, or both, in the St	ate of Florida. Such change was	authorized b	y the corporati	ion's board of directors. I hereby acc	ept the appoint	ment as	s registered	
agent. I	am familiar with, and accept the or	oligations of, Section 607.0505, Fi	orida Statute	98.					
SIGNATURE	Say after: Typed or printed name of registered	and life of sankashle (\$101	E: Projetered &c	poot signature requir	ed when reinstating)	DATE			
12.		AND DIRECTORS	13.	Jest Signature recom	ADDITIONS/CHANGES TO OFF		RECTO	RS IN 12	
1.TLF	D	DELETE	1.1 TITLE				Change	Addition	
NAME	BLAIR, JAMES H.		1.2 NAME			-	· g-		
STREET ADORESS	AND COURT PERFORM LINE	Υ	•	T ADDRESS					
	FT. LAUDERDALE FL	•		1					
CHY-ST-ZIP TITLE	TT. DADDLIDALE TE	DELETE	1.4 CITY- 2.1 TITLE				Change	Addition	
			1				Distrigo	L. / Addictor	
NAME			2.2 NAME	ľ					
STREET ADDRESS	5		4	T ADDRESS					
CITY - ST - 71F		- Delete	2.4 CITY-				0	A date of	
THEE		☐ DELETE	3.1 TITLE			لسا	Change	Addition	
NAME			32 NAME						
STREET ADDRESS	S		33 STAEE	T ADDRESS					
CITY ST-ZIP			3.4. CITY-					 	
THE		☐ DELETE	4.1 THTLE			لـا	Change	Addition	
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STREET ADDRESS	5		4.3 STREE	T ADDRESS					
City+S1+ZiP			4.4 CiTY-	ST-ZIP		,			
TIT; E		DELETE	5.1 TITLE		•		Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS	s		5.3 STREE	T ADDRESS					
CHTY-ST-ZiP			54 CITY-	ST-ZIP			_		
TITLE		☐ DELETE	61 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS	s		1	T ADDRESS					
City ST-ZiP	-		6.4 CITY -	1					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		- 114 bill 1 *	21.7 CH					

14. Too 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

SIGNATURE: