

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000001464 (5)**

1. Corporation Name
CENTRAL RENTS, INC.



Principal Place of Business: **5480 E. FERGUSON DRIVE COMMERCE CA 90022**
Mailing Address: **5480 E. FERGUSON DRIVE COMMERCE CA 90022**

3. Date Incorporated or Qualified: **03/27/1995**
3a. Date of Last Report
4. FEI Number: **95-4476294**
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

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address: Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	CYPRESS, GARY M	
STREET ADDRESS	5480 E. FERGUSON DRIVE COMMERCE CA 90022	
CITY-ST-ZIP	COMMERCE CA 90022	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LITTON, B. EDWARD	
STREET ADDRESS	5480 E. FERGUSON DRIVE COMMERCE CA 90022	
CITY-ST-ZIP	COMMERCE CA 90022	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FLECK, TERRY E	
STREET ADDRESS	5480 E. FERGUSON DRIVE COMMERCE CA 90022	
CITY-ST-ZIP	COMMERCE CA 90022	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDRICH, RICHARD A	
STREET ADDRESS	5480 E. FERGUSON DRIVE COMMERCE CA 90022	
CITY-ST-ZIP	COMMERCE CA 90022	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	COHEN, BRIAN S	
STREET ADDRESS	5480 E. FERGUSON DRIVE COMMERCE CA 90022	
CITY-ST-ZIP	COMMERCE CA 90022	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BECKHAM, ELLIS E	
STREET ADDRESS	5480 E. FERGUSON DRIVE COMMERCE CA 90022	
CITY-ST-ZIP	COMMERCE CA 90022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CYPRES
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CFO BLAIR, PAT
2.3 STREET ADDRESS	5100 E. Ferguson Dr.
2.4 CITY-ST-ZIP	Commerca CA 90022
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sr.V.P. Ops STAMPER, Derek
4.3 STREET ADDRESS	5480 E. Ferguson Dr.
4.4 CITY-ST-ZIP	Commerca CA 90022
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sr.V.P. Sec. And Gen. Counsel
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V.P. Ops PEARSON, Steve
6.3 STREET ADDRESS	2055 Dixie Highway, Suite 310
6.4 CITY-ST-ZIP	Fl. Mitchell, Ky

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)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)