

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**

**Aug 21 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000001464 (5)**  
 1. Corporation Name  
**CENTRAL RENTS, INC.**



Principal Place of Business <b>5480 E. FERGUSON DRIVE COMMERCE CA 90022</b>	Mailing Address <b>5480 E. FERGUSON DRIVE COMMERCE CA 90022</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>03/27/1995</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>95-4476294</b>	Applied For Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SEE ATTACHED.</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE **7/26/97**

CF2E034 (4/97)

**CONFIDENTIAL**

**Continuation Page**

**PROFIT CORPORATION ANNUAL REPORT (1997)**

**Re: Central Rents, Inc. (a Delaware corporation)**

**Document # F95000001464 (5)**

**12. Officers/Directors**

<u>NAME</u> <u>TITLE</u>	<u>RESIDENCE</u> <u>ADDRESS</u>	<u>BUSINESS</u> <u>ADDRESS</u>
Gary M. Cypres Chairman of the Board and CEO Director	13045 Rivers Rd. Los Angeles, CA	5480 E. Ferguson Dr. Commerce, CA
Derek Stamper President	1292 S. Nightstar Way Anaheim, CA 92808	5480 E. Ferguson Dr. Commerce, CA
Jonathan Martin Secretary Director	12246 Montana Ave. Los Angeles, CA 90049	5480 E. Ferguson Dr. Commerce, CA
A. Keith Wall CFO	64 N. Mar Vista #201 Pasadena, CA 91106	5480 E. Ferguson Dr. Commerce, CA 90022