

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**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>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/27/1995</b>	4. FEI Number <b>95-4476294</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Zip	Country	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Zip	25. Country	29. Zip	30. Country	

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent as filed is applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<b>PRESIDENT AND CEO; Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CYPRESS, GARY M</b>	1.2 NAME	<b>CYPRESS, GARY M.</b>
STREET ADDRESS	<b>5480 E. FERGUSON DRIVE</b>	1.3 STREET ADDRESS	<b>5480 E. FERGUSON DR.</b>
CITY-ST-ZIP	<b>COMMERCE CA 90022</b>	1.4 CITY-ST-ZIP	<b>COMMERCE CA 90022</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAMPER, DEREK</b>	2.2 NAME	
STREET ADDRESS	<b>1292 S NIGHTSTAR WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANAHEIM CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, JONATHAN</b>	3.2 NAME	
STREET ADDRESS	<b>12246 MONTANA AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CFO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALL, A KEITH</b>	4.2 NAME	
STREET ADDRESS	<b>64 N MAR VISTA #201</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PASADENA CA</b>	4.4 CITY-ST-ZIP	
TITLE	<del>XXXXXXXXXXXX</del> <input type="checkbox"/> DELETE	5.1 TITLE	<b>SVP OF OPERATIONS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>PEARSON, STEVE</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>5480 E. FERGUSON DR.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>COMMERCE CA 90022</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE: *[Signature]* **JOLI MACCIO ASST. SEC.** **Feb. 14 1998 (213) 720-8748**

CR2E034 (10/97)