

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000038353 (5)**

1. Corporation Name
S.A.A.L., RENTALS, INC.



Principal Place of Business: **1299 SW 34TH ST. PALM CITY FL 34990**
 Mailing Address: **1299 SW 34TH ST. PALM CITY FL 34990**

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24
 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29
 30

3. Date Incorporated or Created: **05/12/1995**
 3a. Date of Last Report
 4. FEI Number: **65-0587343**
 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
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
BELL, JAMES L
1299 SW 34TH ST.
PALM CITY FL 34990

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 607.0002 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. The filer accepts the appointment as registered agent. I am familiar with, and agree the obligations of, Section 607.051, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature for Corporate Agent (check one): Officer or Director Registered Agent

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BELL, JAMES L | |
| STREET ADDRESS | 1299 SW 34TH ST. | |
| CITY-ST-ZIP | PALM CITY FL 34990 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LIEBI, WARD A | |
| STREET ADDRESS | 1299 SW 34TH ST. | |
| CITY-ST-ZIP | PALM CITY FL 34990 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 15 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16 NAME | |
| 17 STREET ADDRESS | |
| 18 CITY-ST-ZIP | |
| 19 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20 NAME | |
| 21 STREET ADDRESS | |
| 22 CITY-ST-ZIP | |
| 23 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24 NAME | |
| 25 STREET ADDRESS | |
| 26 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is correct, true and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplement of 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 registered agent or 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: *James L Bell Pres.*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)