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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000038353 (5) DOCUMENT #

S.A.A.L., RENTALS, INC.

## **FILED** Mar 03 1998 8:00am Secretary of State



0-11111						
Principal Place of Business Mailing Address						
1299 SW 34TH ST.   1299 SW 34TH ST.   PALM CITY FL 34990   PALM CITY FL 34990						
PALM VIII PL 54550		FALM OIT FL 34330	PALM CITY FL 34990		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					05/12/1995	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0587343 Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			6. Certificate of Status Desired 88.75 Additional	
22		27			6. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zφ	Coun	try	This corporation owes or has paid the current year Intangible	
24	[25]	[29]	30		Personal Property Tax due June 30. Yes No	
or	9, Name and Address of Currer	nt Registered Agent		Name	10. Name and Address of New Registered Agent	
	ILL, JAMES L		1	Name	ne	
	99 SW 34TH ST.		1	Street	et Address (P.O. Box Number is Not Acceptable)	
PA	LM CITY FL 34990		ļ.,			
			ľ	33		
			ε	14 City	85 Zip Code	
11 Purcuant	to the provisions of Sections 607 050	12 and 607 1509 Florido Plata	too the ob	l named	FL 69 2.00 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, lypsed or product beginstered agent and their applicable (NOTE Registered Agent signature required when reinstating)  DATE						
12.		ID DIRECTORS	13.	-Bour albuatore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 1(1)	<u> </u>	☐ Change ☐ Addition	
NAME	BELL, JAMES L		1.2 NAM	E		
STREET ADDRESS	1299 SW 34TH ST.		1.3 STR	ET ADDRESS	s	
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY	-S1-ZIP		
TITLE	D	DELETE	2.1 TITL		☐ Change ☐ Addition	
NAME	LIEBI, WARD A		2.2 NAM	E		
STREET ADDRESS	1299 SW 34TH ST.		2.3 \$TRE	ET ADDRESS	s	
CITY-ST-ZIP	PALM CITY FL 34990		2.4 C(T)	r-ST-ZIP	<u> </u>	
TITLE		DELETE	3.1 TITL	E	☐ Change ☐ Addition	
NAME			3.2 NAM	E	1	
STREET ADDRESS			3.3 STRE	ET ADDRESS	s	
CITY-ST-ZIP			3.4. C(T)	-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAN	4E		
STREET ADDRESS			4.3 STRE	ET ADDRESS	s   }	
CITY-ST-ZIP	<u></u>		4.4 CITY	- ST- ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAM	E	1	
STREET ADDRESS			5.3 \$1RE	ET ADDRESS	s	
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP		
111LE		☐ DELETE	6 1 TITLE		Change Addition	
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS	s	
CITY-ST-ZIP		31. 41 41		-ST-ZIP	1.0. 1.0. 1.0. 1.0. 1.0. 1.0. 1.0. 1.0.	
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neces cereing 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.