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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90045 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836249
 1. Corporation Name
AUTOMOTIVE RENTALS, INC.

Principal Place of Business 7411 MAPLE AVENUE PENNSAUKEN NJ 08109 US	Mailing Address 7411 MAPLE AVENUE PENNSAUKEN NJ 08109 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified 04/28/1976	4. FEI Number 21-0622527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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)	
83	
84 City	FL

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMAN, J. S.	1.2 NAME	McKee, W. P.
STREET ADDRESS	7411 MAPLE AVENUE	1.3 STREET ADDRESS	7411 Maple Avenue
CITY-ST-ZIP	PENNSAUKEN NJ	1.4 CITY-ST-ZIP	Pennsauken, NJ 08109
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMAN, MELINDA K.	2.2 NAME	Campbell, R. R.
STREET ADDRESS	7411 MAPLE AVENUE	2.3 STREET ADDRESS	7411 Maple Avenue
CITY-ST-ZIP	PENNSAUKEN NJ	2.4 CITY-ST-ZIP	Pennsauken, NJ 08109
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLB, J. W.	3.2 NAME	
STREET ADDRESS	7411 MAPLE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIER, J. R.	4.2 NAME	
STREET ADDRESS	7411 MAPLE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPORTA, M. F.	5.2 NAME	
STREET ADDRESS	7411 MAPLE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIN, K A	6.2 NAME	
STREET ADDRESS	7411 MAPLE AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	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, with all other like empowered.

SIGNATURE: K.A. Mullin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **K.A. MULLIN** 2/4/99 609-663-5200
 Date Daytime Phone #

CR2E034 (1/198)

AUTOMOTIVE RENTALS, INC.

OFFICERS AND DIRECTORS

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101197-90045-5

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Director</u>
J. S. Holman 151-14-2649	350 Station Ave. Haddonfield, NJ 08033		X
J. W. Kolb 160-24-7146	407 Chester Ave. Moorestown, NJ 08057	Chairman of the Board	X
M. K. Holman 157-64-6157	14 Kendles Run Rd. Moorestown, NJ 08057	Vice Chairman	X
W. P. McKee 185-38-0679	303 Willowmere Lane Ambler, PA 19002	President	
K. F. Baittinger 149-32-6576	207 Crest Road Atco, NJ 08004	Senior Vice President - Client Relations	
R. E. Getchis 136-34-7550	134 Davis Road Malvern, PA 19355	Senior Vice President - Sales & Marketing	
H. J. Wodack 206-26-3238	403 Station Ave. Haddon Heights, NJ 08035	Senior Vice President Management Information Systems	
R.R. Campbell 200-38-7180	5 Haymarket Court Medford, NJ 08055	Vice President	
S. P. Sheaffer 143-34-2801	429 Addison Ave. Westmont, NJ 08081	Treasurer	
K. A. Mullin 140-46-9549	757 Paddock Path Moorestown, NJ 08057	Secretary	
K. T. Coppola 149-38-9572	525 Chestnut St. Moorestown, NJ 08057	Assistant Secretary/ Assistant Treasurer	