

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

**FILED**  
**Jun 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT #** K39427  
 1. Corporation Name  
**Car Locators of Orlando Inc.**  
**4575 S. Atlantic Ave Suite 6205**  
**Ponce Inlet, Fl. 32127**

Principal Place of Business: **4575 S. ATLANTIC AVE. #6205**  
 Mailing Address: **PONCE INLET, FL. 32127** SAME

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified: **Oct. 1988**

4. FEI Number: **59-2909741** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**Esther S. Berry**  
**4575 S. Atlantic Ave #6205**  
**Ponce Inlet, Fl. 32127**

10. Name and Address of New Registered Agent

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 607.0401 and 607.0403, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 agree to the provisions of Section 607.0402, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (print name and address of person signing) \_\_\_\_\_ (print name and address of person whose name is appearing) \_\_\_\_\_ (date)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Esther S. Berry	
STREET ADDRESS	4575 S. Atlantic Ave #6205	
CITY- ST- ZIP	Ponce Inlet, Fl. 32127	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		<input type="checkbox"/> DELETE

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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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14. I hereby certify that the information appearing on this report is true and correct to the best of my knowledge and belief for the corporation stated in Section 119.04(3)(b) Florida Statutes. I further certify that the information included on this annual report is true and correct to the best of my knowledge and belief. My signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or on the front cover of the report.

**SIGNATURE: Esther S. Berry Pres. 5/18/98 (904)767-7826**

CR2E034 (10/97)

JK  
6-22