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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000019359 (6)

MAGNA AUTO RENTALS, INC.

Principal Place of Business 1325 S. HOPKINS AVE.

Mailing Address

1325 S. HOPKINS AVE. TITUSVILLE FL 32780 US 1325 S. HOPKINS AVE. TITUSVILLE FL 32780 US FILED May 01 1996 8:00 am Secretary of State



			US										
2. Principal F	Place of Business		···· 7 '= -						3. Date Incorpora 03/09/19	led or Qualified	3a . Da	te of La:	st Report 7/1995
21			2a. Mailing Address					4. FEI Number		4		Applied For	
Suite, Apt.	. #, etc.		20	Surte, Apt. #, etc				·	59-323	1845		}-	Not Applica
22			27					5. Certificate of St.	atus Desired	<u></u>	\$8.	75 Additiona	
City & Stat	le			City & State								F	ee Required
3			28	,					6. Election Campa	ign Financing		\$5	.00 May Be
Zip ·	Cou	untry		Zip		Countr	ν		Trust Fund Con			Ad	ded to Fees
4	25		29		30	7	,		 This corporation Florida Statutes 	has liability for in	tangible ta	ax unde	rs 199.032,
	9. Name and Ad	dress of Curren	it Regist	ered Agent			•••		10. Name and Add	Yes	∐ No		
****	14 4000000					81	Na	me	7,00	1038 OI NEW NO	gistered	Agent	
MAGNA, MICHAEL					100								
3520 NICKLAUS DR				•		82	B2 Street Addres		ess (P.O. Box Nurnber is Not Acceptable)				
HUS	VILLE FL 32780					83							
							<u> </u>						
						84					F-1	85	Zip Code
T. Pursuant ti Or registere	to the provisions of Se ed agent, or both, in t th, and accept the obli	ctions 607.0502	and 607.	.1508, Florida Sta	stutes, the	above	named	Comoratio	in cubmita this state.		<u> </u>		
familiar with	to the provisions of Se led agent, or both, in to th, and accept the obli	igations of, Section	ia. Such i on 607,0:	change was autho 505. Florida Statu	o rize d by ites	the corp	oratio	n's board c	of directors. Thereby a	ient for the purpo iccept the appoin	080 of cha etment as	riging its	s registered off
ignature _									-	i via spironi	anent as	rogistere	au agent. i am
	Signature, typed or printed nar				(NOTE: Fage	stered Aper): signati	ire required whi	No. positromo blu a s	***			
2.		OFFICERS AND	DIRECT	ORS		13.		no texpored with		VICES TO OFFICE	DATE		
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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. I further appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

f-19-96 407-369-685)
Date Dayline Piene 8