

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000076895 (8)**

1. Corporation Name

SENSIBLE CAR RENTAL OF GULFSTREAM, INC.



Principal Place of Business: **3049 NORTH FEDERAL HIGHWAY DELRAY BEACH FL 33483**
Mailing Address: **3049 NORTH FEDERAL HIGHWAY DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified: **10/06/1995**
3a. Date of Last Report: _____
4. FEI Number: **65-0610895** 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

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. _____

9. Name and Address of Current Registered Agent
**VAN ALPHEN, ADRIANUS
3049 NORTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent
B1. Name: _____
B2. Street Address (P.O. Box Number is Not Acceptable): _____
B3. _____
B4. City: _____
B5. Zip Code: **FL** _____

11. Pursuant to the provisions of Sections 607.0600 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN ALPHEN, ADRIANUS	2. NAME
STREET ADDRESS	2017 SPANISH TRAIL	3. STREET ADDRESS
CITY-STATE-ZIP	DELRAY BEACH FL 33483	4. CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVEY, TERRANCE	6. NAME
STREET ADDRESS	596 N.W. 45TH DRIVE	7. STREET ADDRESS
CITY-STATE-ZIP	DELRAY BEACH FL 33445	8. CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME
STREET ADDRESS		11. STREET ADDRESS
CITY-STATE-ZIP		12. CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME
STREET ADDRESS		15. STREET ADDRESS
CITY-STATE-ZIP		16. CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME
STREET ADDRESS		19. STREET ADDRESS
CITY-STATE-ZIP		20. CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: *Adrianus Van Alphen* **ADRIANUS VAN ALPHEN** 5-1-96 732-5544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)