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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

ANNUAL REPORT 1999

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90019 012 ***150.00

DOCUM	MENT # 327415	5					
1. Corporation Name CLARK AUTO LEASING & RENTALS, INC.							
OLANN A	OTO LEASING & NEWTAL	J, 114U-			1 (#410# 1158# 11815 AB#1 #1## 11401 # 111 # 1	81 81811 81811 81811 8 1	AIR CIGH (CO
Principal Place	e of Business	Mailing Address		,	[11 818 11 81811 61 9 11 41	814 81811 4881
710 SO OLIVE AVE PO BOX 2550						. 1.	
		W PALM BCH FL 33402			DO NOT WRITE IN TH	IIS SPACE	
US		US			3. Date Incorporated or Qualifed	NO OF PROPE	
		•			03/12/1968		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21	1 26				59-1206505		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22 27						Fee Rec	
City & State	B	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
		Zip	Country		This corporation owes the current year		
24	25 29 30		_ `		Personal Property Tax.		∐No
24	9. Name and Address of Curre	[]			10. Name and Address of New Register	ed Agent	
			81	Name	-		ł
	RK, HARPER A JR		82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
6601 PAMELA LANE							
W PALM BCH FL 33405			83				
			84	City	···	85 Zip C	ode
						of changing its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was aut	norizea by	tne corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as reg	jistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes		•		1
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	legistered Agen	t signature require	ed when reinstating) DATE		Ì
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D DELETE 1.1		1.1 TITLE			Change	☐ Addition
NAME	CLARK, HARPER A JR		1.2 NAME				
STREET ADDRESS	0001114112010412		1.3 STREET	ADDRESS			}
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	· ·		2.1 TITLE			[_] Change	
NAME	CLARK, WAYNE T.		2.2 NAME				
STREET ADDRESS	6601 PAMELA LANE		2.3 STREET		•		1
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	IT-ZIP		Change	Addition
TITLE NAME			3.2 NAME				
STREET ADDRESS	4404 BANETA A AND		3.3 STREET	ADORESS:	-		-
CITY-ST-ZIP	W PALM BCH FL		3.4. CITY-S		•		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME		•		}
STREET ADDRESS			4.3 STREET	TAODRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		[] ^b	
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	TADODECC	•		
STREET ADDRESS			5.3 STREET				
C/TY-ST-ZIP		☐ DELETE	6.1 TITLE	1-41		☐ Change	Addition
TITLE		C percie	6.2 NAME				
NAME STREET ADDRESS			1	T ADDRESS			
STREET ADDRESS	1		1	1			j

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 of 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 an attachment with an address, with all other like empowered.

SIGNATURE: