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

**PROFIT CCRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90107 050 \*\*\*150.00

## DOCUMENT # 331952 1. Corporat on Name

SHEEHAN RENT-A-CAR, INC.

Principal Place	e of Business	Mailing Address				
2681 N FED HWY POMPANO BCH. FL 33064		2681 N FED HWY POMPANO BCH. FL 33064			DO NOT WRITE IN THIS SPACE	
~					3. Date in corporated or Qualified	
						07/01/1968
Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For
21		26				59-1286222 Not Applicable
Suite, Art. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Acditional
22		27			ree Requied	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28			Trust F and Contribution Added to Fees	
Zip	Coun ry	Zip	Country			8. This corporation owes the current year Intangible Personal Property Tax. Yes []No
24	25	29	30	0		T Crostian Freporty
	9. Name and Addiess of Current	Registered Agent	81	Τ,	Name	10. Name and Address of New Registered Agent
CHE	EHAN, TIMOTHY A.		01	'	vanie	
2310 NE 32ND CT.			82	1	Street Ad In	ress (P.O. Box Number is Not Acceptable)
LIGHTHOUSE PT FL 33064			83	+		
				L		
[			84	(	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, 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 Signature, typed or printed nai ne of registered agent, and title if applicable. (NOTE Registered Agent signature required when reins						ed when reinstating) DATE
12.	OFFICERS AND		13.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	SHEEHAN, SHERWOOD H. SR.		1,2 NAME			
STREET ADDRESS 2800 N FEDERAL HIGHWAY		1.3 STREET ADDRESS		ODRESS		
CITY-ST-ZIP	LIGHTHOUSE PT FL		14 CITY-ST-ZIP		iP	
TITLE	VD	☐ DELETE	2.1 TITLE	_		☐ Change ☐ Addition
NAME	SHEEHAN, TIMOTHY A.		2.2 NAME			
STREET ADDRE'S 2800 N FEDERAL HIGHWAY			2.3 STREET ADDRESS		DORESS	
CITY-ST-ZIP LIGHTHOUSE POINT FL			2. 4 CITY-ST-ZIP		7IP	
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME	SHEEHAN, JEREMIAH T.		3.2 NAME			
STREET ADDRESS	GOOD AL PERSONAL LINGUISMAN		3.3 STREE	TAD	ODRESS	
CITY-ST-ZIP	HOUSTHOUGE BOINT EL			3.4. CITY-ST-ZIP		
TITLE	BOTTITO OCE 1 OITT 12	☐ DELETE	4.1 TITLE	<u> </u>		☐ Change ☐ Addition
NAME			4 2 NAME			
STREET ADDRE 3S			4.3 STREE	T AE	ODRESS	
CITY-ST-ZIP			4.4 CITY-S		1	
TITLE			5 1 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREE	TAE	ODRESS	
			5.4 CITY- S		1	
CITY-ST-ZIP		□ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
NAME OTREET (DESC.)			6.3 STREE		ODRESS	

14. Thereby certify that the information supplied with this fitting 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 of trustee supplemental annual report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with spraddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRE 3S

CITY+ST-ZIP

SIGNATURE AND TYPED OR

Daytime Phone #

CR2E034 (11/98)