FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90175 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 383675

1. Corporation Name

AAPEX RENT-A-CAR OF LIGHTHOUSE POINT, INC.

| Principal Place of Business | | Mailing Address | | | | | , | | | | | |
|--|--|---|-----------|---------|-------------|--|--|-------------------------------|----------------|---------------------|----------|------------|
| 3400 N. FDERAL HWY. LIGHTHOUSE POINT FL 33064 | | 3400 N. FDERAL HWY. LIGHTHOUSE POINT FL 3:3064 | | | | | | | | | | |
| | | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | } | 3 Date Incor | porated or Qua | | 0 0, , | <u> </u> | |
| | | | | | | 1 | 06/09/1 | * | | | | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | | Applied For | | |
| 21 | iddo o'i baailidaa | 26 | | | | 59-1361820 Not Applicat | | | | Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | | red 🗌 | • | | ditional | |
| 22 | | 27 | | | | | 5. Certificate of Status Desired [| | | Fee Recuired | | |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | | | | |
| 23 | | 28 | | | | | | d Contribution | | | ded to | Fees |
| Zip | Country | Zip | | untry | | | | oration owes th | e current year | · Intangible Yes | | JNo |
| 24 | 25 | 29 | 30 | _ | | 1 | | Property Tax. d Address of I | Now Pagista | _ <i></i> Z_ | | |
| | 9. Name and Address of Current | Registered Agent | | 81 | Name | | 10. Name and | a Address of I | tew Register | eu/mgeiii | | |
| GHE | RRA, DONALD V | | | | 7421110 | | | | | | | |
| | N. FEDERAL HIGHWAY | | | | Street | t Addres | ddress (P.O. Box Number is Not Acceptable) | | | | | |
| | ITHOUSE POINT FL 33064 | | | | | | | | | | | |
| _(\alpha) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 83 | | | | | | | | |
| | | | | 84 | City | | | | | = L 85 | Zip Cı | ode |
| 44 Burgue at | to the provisions of Sections 607.0502 | and 607 1508 Florida Statu | es the | above | e-nameo | d corpora | ation submits t | his statement for | or the purpose | e of changin | ng its r | gistered |
| office or s | egistered agent, or both, in the State of | f Florida. Such change was a | iuthorize | d by | tne corp | poration | s board of cire | ctors. I hereby | accept the ap | pointment | as reg | stered |
| agent. a | m familiar with, and accept the obligati | ons of, Section 607.0505, Fit | inda ota | lutes. | , | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOT | Registere | d Agen | t signature | required w | hen reinstating) | | DATE | _ _ | | — j |
| 12. | OFFICERS AND | | 13 | | | | ADDITION | S/CHANGES T | O OFFICERS | AND DIRE | ECTOF | S IN 12 |
| TITLE | PT | ☐ DELETE | 1.11 | TLE | | T | | | | ☐ Ch | ange | ☐ Addition |
| NAME | GUERRA, DONALD V | | 1.21 | AME | | | | | | | | |
| STREET ADDRESS | 3400 N F. HIGHWAY | | 1.3 \$ | TREET | ADDRESS | s | | | | | | |
| CITY-ST-ZIP | LIGHTHOUSE POINT FL | | 1.40 | CITY-S1 | r-ZIP | <u> </u> | | | | | | |
| TITLE | AS | ☐ DELETE | 2.1 1 | TILE | | | | | | Chi | ange | ☐ Addition |
| NAME | AWED, MARY | | 2.21 | AME | | | | | | | | |
| STREET ADDRE 3S | 1261 NE 42ND COURT | | 2.3 5 | TREET | ADDRESS | s | | | | | | |
| CITY-ST-ZIP | POMPANO BEACH FL | | 2. 4 | CITY-S | T-ZIP | | | | | | | |
| TITLE | VS | ☐ DELETE | 3.1 | TITLE | | | | | | Ch | ange | ☐ Addition |
| NAME | Guerra, Liliane | | 3.2 8 | VAME | | | | | | | | |
| STREET ADDRESS | | | 3.3 9 | STREE1 | ADDRESS | s | | | | | | |
| CITY-ST-ZIP | LIGHTHOUSE POINT FL 33064 | | 3.4. | CITY-S | T-ZIP | <u> </u> | | | | | | - Addition |
| TITLE | | ☐ DELETE | 4.1 | TITLE | | | | | | □ Ch | ange | ☐ Addition |
| NAME | | | 4. 2 | NAME | | | | | | | | |
| STREET ADDRESS | | | 4.3 \$ | STREE1 | ADDRESS | s | | | | | | i |
| CITY-ST-ZIR | | | | CITY-S | r-ZIP | _ | | | | | | Addition |
| TITLE | | ☐ DELETE | | TITLE | | | | | | □Ch | ange | MOORION I |
| NAME | | | 4 | NAME | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | 8 | | | | | | |
| CITY-ST-ZIP | | | | CITY-S | I - ZIP | +- | | | | Ch | anne | Addition |
| TITLE | | ☐ DELETE | 1 | TITLE | | | | | | | ungo | |
| NAME | | | | NAME | . ADDDEA | ا | | | | | | |
| STREET ARRESTS | 4 | | 6.3 | S I KEE | 'ADDRESS | ગ | | | | | | |

SIGNATURE:

STREET ADDRE 3S CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

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 suppliemental simual 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 corpora ion of the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an affactment with an address, with all other like empowered.