

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

FILED

Mar 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 418683 (9)

1. Corporation Name  
ALAMO RENT-A-CAR, INC.

Principal Place of Business  
450 E LAS OLAS BLVD  
STE 1200  
FT. LAUDERDALE FL 33301  
US

Mailing Address  
450 E LAS OLAS BLVD  
STE 1200  
FT LAUDERDALE FL 33301  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/09/1973

4. FEI Number  
59-1465528

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 110 SE Sixth St.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 110 SE Sixth St.  
Suite, Apt. #, etc.

22 City & State  
23 Ft. Lauderdale, FL  
24 33301 25 Country

27 City & State  
28 Ft. Lauderdale, FL  
29 33301 30 Country

9. Name and Address of Current Registered Agent

CT CORP SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	HAWKINS, THOMAS W.	
STREET ADDRESS	450 E LAS OLAS BLVD STE 1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	HARDLEY, RICHARD L.	
STREET ADDRESS	450 E LAS OLAS BLVD STE 1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BALLOW, ROGER H	
STREET ADDRESS	110 SE 6TH ST.	
CITY-ST-ZIP	ST. LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, McDONALD	
STREET ADDRESS	110 SW 6TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	TAS	<input checked="" type="checkbox"/> DELETE
NAME	MEMEDEV, N. M	
STREET ADDRESS	110 SC 6TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	PEDDY, COURTLAND	
STREET ADDRESS	450 E. LAS OLAS BLVD. STE 1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	110 SE Sixth St.
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James O. Cole
2.3 STREET ADDRESS	110 SE Sixth St.
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George J. Gremse
3.3 STREET ADDRESS	110 SE Sixth St.
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Johnny C. Taylor
4.3 STREET ADDRESS	110 SE Sixth St.
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Howard Sills
5.3 STREET ADDRESS	110 SE Sixth St.
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kathleen Hyle
6.3 STREET ADDRESS	110 SE Sixth St.
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0268628

CP2E034 (10/97)