


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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90114 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **418683**

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

Principal Place of Business  
**110 SE SIXTH STREET  
FT. LAUDERDALE FL 33301  
US**

Mailing Address  
**110 SE SIXTH STREET  
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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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	<b>VAS</b>	<input type="checkbox"/> DELETE
NAME	<b>HURST, O. MASON</b>	
STREET ADDRESS	<b>110 SE SIXTH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	

TITLE	<b>VAS</b>	<input type="checkbox"/> DELETE
NAME	<b>SHEPPARD, ELBERT L</b>	
STREET ADDRESS	<b>110 SE SIXTH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GREMSE, GEORGE J</b>	
STREET ADDRESS	<b>110 SE SIXTH STREET</b>	
CITY-ST-ZIP	<b>ST. LAUDERDALE FL 33301</b>	

TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>COLE, JAMES O</b>	
STREET ADDRESS	<b>110 SE SIXTH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>HAWKINS, THOMAS W</b>	
STREET ADDRESS	<b>110 SE SIXTH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HYLE, KATHLEEN W</b>	
STREET ADDRESS	<b>110 SE SIXTH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V, S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Karen L. Beard</b>	
3.3 STREET ADDRESS	<b>200 S. Andrews Ave.</b>	
3.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33301</b>	

4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James O. Cole**

Date

**2/9/99 (954) 769-6000**

Daytime Phone #

CR2E034 (1/98)