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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 486127

(4)

AAPEX	AUTO RENTALS, INC.			•		A TRANSPORTANT RANGE AND THE ATTENDED THE	eru non a	idir ərəh ərəh	51041 <b>13</b> 01
Principal Place of Business Mailing Address  3400 N. FEDERAL HWY. LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064					<del></del>				
LOHIHOUSE	POINT IL SOUT	EQUITODE FORM TE V	•••••		•	3. Date Incorporated or Qualified 09/29/1975		ite of Last F	leport
2. Principal f	Place of Business	2a. Mailing Address	*****			4. FEI Number 59-1646961		A	oplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	te	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Ζιρ <b>24</b>	Country 25	Zip 29	30 Co.	intry	, " " " " " " " " " " " " " " " " " " "	This corporation has liability for Florida Statutes	Yes [	] No	i. 1 <b>9</b> 9.032,
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent		L_	<del></del>	10. Name and Address of New Ro	gistered	Agent	
	ERRA, DONALD V			81	Name				Į
	O N. FEDERAL HWY.			82	Street Ac	dress (P.O. Box Number is Not Accepta	ble)		
LIGI	HTHOUSE POINT FL 33064			-					
				83	j				1
				84	City		FL	85 Zip	Code
6	W # Inited of Continue 007 000	10 J CO7 1CO0 Fisside Ctat.	400 tha 0					l page lag i	to registered
office or agent. La	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was ations of Section 607.0505, Fi	authorize forida Sta	d by tutes	the corpor	orporation submits this statement for the ration's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE	Signature, typical or present name of registered age	ant and the if applicable (NO	1£: Registere	d Age	ent signature re	quired when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
Mill	PT	☐ DELETE	1.1 T	TLE			.,	☐ Change	Addition
NAME	GUERRA, DONALD V		1.2 N	AME	Ì				]
STREET ADDRESS	3400 N FEDERAL HWY		135	TREET	ADDRESS				į
CITY-ST 7#	LIGHT HOUSE POINT FL				IT-ZIP		<del></del>	1 2	
TITLE	VD	DELETE	2.1 7					Change	Addition
NAM!	SPRINGER, SCOTT		22 N						j
STREET ADDRESS			3		ADDRESS				1
CHY+SF-ZIP THLF	HOLLYWOOD FL	DELETE	2 4 ( 31 T		ST-ZIP			Change	Addition
NAME		Dritt.tt	3.2 N					C Onlingo	C ADDITION
SIREET ADDRESS	)				ADDRESS				Ì
CITY-ST-ZIP	1				ST-ZiP				}
TITLE		DELETE	4.1 T		OI EN			☐ Change	☐ Addition
NAMÉ			4.21					•	<u> </u>
STHEET ADDRESS			1		ADDRESS				j
CITY - ST - ZiP					ST-ZIP				
TITLE		DELETE	5.1 7					Change	Addition
NAMi			5.2 N	AME	1				

14. Loo hereby certify that the information supplied with this filling 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 couporation 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 of langed or go a seachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6 1 TITLE 6 2 NAME

SIGNATURE:

STREET ADDRESS

CITY - S1 - ZIP

CUTY-ST-ZIP

THEF

NAME STREET ADORESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

*[-17-97* 

954-182-8400

Change

Addition

**FILED** 

Apr 30 1997 8:00am

Secretary of State

A148807