

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

**FILED**

**Mar 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 696652**

**(7)**

1. Corporation Name  
**AFFORDABLE AUTO RENTAL, INC.**



Principal Place of Business

**1720 S.W. 15TH AVE.  
OCALA FL 34474**

Mailing Address

**1720 S.W. 15TH AVE.  
OCALA FL 34474-3550**

3. Date Incorporated or Qualified <b>07/29/1981</b>	3a. Date of Last Report <b>03/11/1996</b>
4. FEI Number <b>59-2113731</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent <b>WILLIAMS, C R 1720 S.W. 15TH AVE. OCALA FL 32674</b>				10. Name and Address of New Registered Agent			
81	Name	<b>Patricia A. Williams</b>					
82	Street Address (P.O. Box Number is Not Acceptable)	<b>1720 SW 15th Ave.</b>					
83							
84	City	<b>Ocala</b>	85	Zip Code	<b>FL 34474</b>		

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: *Patricia A. Williams* **Patricia A. Williams** **2/21/97**  
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, C R</b>		1.2 NAME				
STREET ADDRESS	<b>1720 S.W. 15TH AVE.</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>OCALA, FL 00000</b>		1.4 CITY-ST-ZIP				
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>P T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILLIAMS, PA</b>		2.2 NAME	<b>Williams, Patricia A.</b>			
STREET ADDRESS	<b>1720 SW 15 AVE</b>		2.3 STREET ADDRESS	<b>1720 SW 15th Ave.</b>			
CITY-ST-ZIP	<b>OCALA FL</b>		2.4 CITY-ST-ZIP	<b>Ocala, FL 34474</b>			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			3.2 NAME	<b>Williams, Stephen L.</b>			
STREET ADDRESS			3.3 STREET ADDRESS	<b>1720 SW 15th Ave.</b>			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<b>Ocala, FL 34474</b>			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 in an attachment with an address.

SIGNATURE: *Patricia A. Williams* **Patricia A. Williams** **2/21/97** **352-622-6222**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)