

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **813423** (1)

1. Corporation Name
AVIS RENT A CAR SYSTEM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:56

Principal Place of Business Mailing Address
900 OLD COUNTRY RD. GARDEN CITY NEW YORK 11530

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		02/24/1969	05/01/1994
22		27		4. FEI Number	Applied For
23		28		11-1998661	Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		30		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZSIMMONS, JAMES	1.2 NAME	
STREET ADDRESS	900 OLD COUNTRY RD	1.3 STREET ADDRESS	315 E. 72 STREET
CITY - ST - ZIP	GARDEN CITY NY	1.4 CITY - ST - ZIP	NEW YORK, N.Y. 10021
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, JEFFREY	2.2 NAME	
STREET ADDRESS	900 OLD COUNTRY RD	2.3 STREET ADDRESS	26 MAIDEN LANE
CITY - ST - ZIP	GARDEN CITY NY	2.4 CITY - ST - ZIP	JERICHO, NY 11753
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITTORIA, JOSEPH V.	3.2 NAME	
STREET ADDRESS	900 OLD COUNTRY RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	GARDEN CITY NY	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERGER, STEVEN L.	4.2 NAME	
STREET ADDRESS	900 OLD COUNTRY RD	4.3 STREET ADDRESS	162 HIGH POND DRIVE
CITY - ST - ZIP	GARDEN CITY NY	4.4 CITY - ST - ZIP	JERICHO, NY 11753
TITLE	CEOP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITTORIA, JOSEPH V	5.2 NAME	
STREET ADDRESS	131 GOLFVIEW COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	5.4 CITY - ST - ZIP	
TITLE	EV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOVINO, CHARLES A	6.2 NAME	
STREET ADDRESS	2 HIGH MEADOW COURT	6.3 STREET ADDRESS	
CITY - ST - ZIP	OLD BROOKVILLE NY	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 resolver 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 amendment with an addition.

SIGNATURE: *Steven L. Greenberger* **STEVEN L. GREENBERGER** 3/21/95 16-222-3775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Initial Year & 2)