

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

FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **844585** (0)  
1. Corporation Name  
**U-SAVE AUTO RENTAL OF AMERICA, INC.**



Principal Place of Business Mailing Address  
**7525 CONNELLEY DR., STE. A**  
**HANOVER MD 21076**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/14/1979</b>	
21		26		4. FEI Number <b>56-1254970</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY**  
**1201 HAYES STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONNELL</b>	1.2 NAME	<b>MC DONNELL, TOM</b>
STREET ADDRESS	<b>7525 CONNELLEY DR., STE A</b>	1.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>HANOVER MD</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUCK, ROBERT C</b>	2.2 NAME	
STREET ADDRESS	<b>7525 CONNELLEY DR., SUITE A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HANOVER MD</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TATUM, JOSEPH M. JR</b>	3.2 NAME	
STREET ADDRESS	<b>421 J M TATUM INDUSTRIAL DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HATTIESBURG MS</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWLEY, VINCE</b>	4.2 NAME	
STREET ADDRESS	<b>7525 CONNELLEY DRIVE, STE A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HANOVER MD</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTH, SHARON A.</b>	5.2 NAME	
STREET ADDRESS	<b>7525 CONNELLEY DR, STE A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HANOVER MD</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOSSETT, STEVE</b>	6.2 NAME	
STREET ADDRESS	<b>5901 VIRGINIA BCH BLV</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORFOLK VA</b>	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.

SIGNATURE:

*[Signature]*

1/29/98

1/29/98 7:00 PM

CR2E034 (10/97)