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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **844585**

1. Corporation Name
U-SAVE AUTO RENTAL OF AMERICA, INC.



Principal Place of Business: 7525 CONNELLEY DR. STE. A HANOVER MD 21076
 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	
21	4780 I-SS NORTH	26	4780 I-SS NORTH	11/14/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 300		27 Suite 300		56-1254970	
City & State		City & State		Applied For	
23 JACKSON MS.		28 JACKSON MS		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24	39211	29	39211	\$.875 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <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			
UNITED STATES CORPORATION COMPANY 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	1.1 TITLE	CEO
NAME	MCDONNELL TOM	1.2 NAME	McDonnell, Tom
STREET ADDRESS	7525 CONNELLEY DR., STE A	1.3 STREET ADDRESS	4780 I-SS NORTH
CITY-ST-ZIP	HANOVER MD	1.4 CITY-ST-ZIP	JACKSON MS 39211
TITLE	VP	2.1 TITLE	V.P.
NAME	HOUCK, ROBERT C	2.2 NAME	Bob Hoeffner
STREET ADDRESS	7525 CONNELLEY DR., SUITE A	2.3 STREET ADDRESS	4780 I-SS North
CITY-ST-ZIP	HANOVER MD	2.4 CITY-ST-ZIP	JACKSON MS
TITLE	D	3.1 TITLE	
NAME	TATUM, JOSEPH M. JR	3.2 NAME	
STREET ADDRESS	421 J M TATTUM INDUSTRIAL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HATTIESBURG MS	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	HOWLEY, VINCE	4.2 NAME	
STREET ADDRESS	7525 CONNELLEY DRIVE, STE A	4.3 STREET ADDRESS	
CITY-ST-ZIP	HANNOVER MD	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	
NAME	ROTH, SHARON A.	5.2 NAME	
STREET ADDRESS	7525 CONNELLEY DR, STE A	5.3 STREET ADDRESS	
CITY-ST-ZIP	HANOVER MD	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GOSSETT, STEVE	6.2 NAME	
STREET ADDRESS	5901 VIRGINIA BCH BLV	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	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: _____ DATE: 3/11/99 DAYTIME PHONE #: 602-715-4333

CR2E034 (11/98)