

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000001592 (4)

1. Corporation Name
WILSHIRE RENTAL CORP.



Principal Place of Business: **2700 COLORADO AVE. SANTA MONICA CA 90404**
Mailing Address: **2700 COLORADO AVE. SANTA MONICA CA 90404**

3. Date Incorporated or Qualified: **03/29/1994** 3a. Date of Last Report: **04/27/1995**
4. FEI Number: **95-4107146** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	Sr. VP, Secy., Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M	1.2 NAME	Scott M. Brown
STREET ADDRESS	2700 COLORADO AVE.	1.3 STREET ADDRESS	2700 Colorado Avenue
CITY-ST-ZIP	SANTA MONICA CA	1.4 CITY-ST-ZIP	Santa Monica, CA 90404
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSONS, MARIS	2.2 NAME	
STREET ADDRESS	2700 COLORADO AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Sr. VP & Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Michael H. Focht, Sr.
STREET ADDRESS		3.3 STREET ADDRESS	2700 Colorado Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Santa Monica, CA 90404
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Sr. VP & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Raymund L. Mathiasen
STREET ADDRESS		4.3 STREET ADDRESS	2700 Colorado Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Santa Monica, CA 90404
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	000001748018
NAME		6.2 NAME	-03/18/96--01133--020
STREET ADDRESS		6.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		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 119.07(3)(k), 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: Scott M. Brown 1/24/96 (310)998-8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95) 3-18-1996