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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997



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 90404-3521**

2. Principal Place of Business 21 3820 State Street		2a. Mailing Address 26 c/o Mary H. Yumibe		3. Date Incorporated or Qualified 03/29/1994	3a. Date of Last Report 03/18/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 95-4107146	Applied For <input type="checkbox"/> Not Applicable
City & State 22 Santa Barbara, CA		City & State 27 3820 State Street		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 23 93105		Country 28 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 24 USA		Zip 29 93105		8. 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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				000002068140-9	
84 City				-01/24/97--01086--028	
				****165.00 FL ****165.00	

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	SVSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M	1.2 NAME	
STREET ADDRESS	2700 COLORADO AVE.	1.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA 90404	1.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	Sr.VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSONS, MARIS	2.2 NAME	
STREET ADDRESS	2700 COLORADO AVE.	2.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA	2.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	SVAT <input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, MICHEAL H SR.	3.2 NAME	
STREET ADDRESS	2700 COLORADO AVENUE	3.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA 90404	3.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	SVCF <input type="checkbox"/> DELETE	4.1 TITLE	Sr. VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIASSEN, RAYMOND L	4.2 NAME	
STREET ADDRESS	2700 COLORADO AVENUE	4.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA 90404	4.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Terence P. McMullen
STREET ADDRESS		5.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Alan Lundgren
STREET ADDRESS		6.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Santa Barbara, CA 93105

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 on an attachment with an address.

SIGNATURE: *Alan Lundgren* **Alan Lundgren, Asst. Sec'y** 1/21/97 805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)