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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F94000001592

1. Corporation Name
WILSHIRE RENTAL CORP.

Principal Place of Business
**3820 STATE STREET
SANTA BARBARA CA 93105**

Mailing Address
**3820 STATE STREET
SANTA BARBARA CA 93105**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current 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 hereby certifies that the person named as 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 to whom it applies

(NAME, TITLE, ADDRESS, CITY, STATE, ZIP) OF REGISTERED AGENT

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SVSD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	SVAT	<input type="checkbox"/> DELETE
NAME	FOCHT, MICHEAL H SR.	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	SVCF	<input type="checkbox"/> DELETE
NAME	MATHIASSEN, RAYMOND L	
STREET ADDRESS	2700 COLORADO AVENUE	
CITY-STATE-ZIP	SANTA MONICA CA 90404	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard B. Silver	
STREET ADDRESS	3820 State Street	
CITY-STATE-ZIP	Santa Barbara, CA 93105	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caitlin M. Larsen	
STREET ADDRESS	3820 State Street	
CITY-STATE-ZIP	Santa Barbara, CA 93105	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3820 State Street	
CITY-STATE-ZIP	Santa Barbara, CA 93105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: *Caitlin M. Larsen* Caitlin M. Larsen, Asst. Sec. 4/12/99 805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0555066

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