

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000002100 (4)

1. Corporation Name

PILOT HOUSE AUTO RENTALS, INC.

FILED  
May 05 1997 8:00am  
Secretary of State



Principal Place of Business

THREE CHRISTINA CENTRE  
201 N. WALNUT ST.  
WILMINGTON DE 19801

Mailing Address

THREE CHRISTINA CENTRE  
201 N. WALNUT ST.  
WILMINGTON DE 19801-2820

3. Date Incorporated or Qualified  
04/20/1995

3a. Date of Last Report  
04/16/1996

2. Principal Place of Business

21 711 N. Emerald Dr.  
Suite, Apt. #, etc.

22 Key Largo FL

City & State

23 33037 Monroe

Zip

24 33037

Country

25 Monroe

26 711 N. Emerald Dr

Suite, Apt. #, etc.

27

City & State

28 Key Largo FL 33037

Zip

29 33037

Country

30 Monroe

2a. Mailing Address

2b. Name and Address of Current Registered Agent

JULIANNE MARCH  
711 N EMERALD DR  
KEY LARGO FL 33037

4. FEE Number  
65-0523333

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

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: *Julianne J March* DATE: *April 27, 1997*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIENNE L MARCH		1.2 NAME
STREET ADDRESS	711 N EMERALD DR		1.3 STREET ADDRESS
CITY-ST-ZIP	KEY LARGO FL		1.4 CITY-ST-ZIP
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH A MARCH, JR.		2.2 NAME
STREET ADDRESS	711 N EMERALD DRIVE		2.3 STREET ADDRESS
CITY-ST-ZIP	KEY LARGO FL		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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: *Julianne J March*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 27, 1997 305-853-0175*

Date

Daytime Phone #

0008460

CR2E034 (9/96)