

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90201 020 ***150.00

DOCUMENT # F96000001096

1. Corporation Name

NATIONAL CAR RENTAL LICENSING, INC.



Principal Place of Business

208 ST JAMES AVE
GOOSE CREEK SC 29445
US

Mailing Address

110 S.E. 6TH ST
FT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

41-1811376

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

C T 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LUBECK, WILLIAM E JR	
STREET ADDRESS	110 S.E. 6TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	COLE, JAMES O	
STREET ADDRESS	110 S.E. 6TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, THOMAS W	
STREET ADDRESS	110 SE 6TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HYLE, KATHLEEN	
STREET ADDRESS	110 S.E. 6TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert L. Briggs	
1.3 STREET ADDRESS	7700 France Ave. S.	
1.4 CITY-ST-ZIP	Minneapolis, MN 55435	
2.1 TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wesley C. Fredenburg	
2.3 STREET ADDRESS	7700 France Ave. S.	
2.4 CITY-ST-ZIP	Minneapolis, MN 55435	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert G. Dimmick	
3.3 STREET ADDRESS	7700 France Ave. S.	
3.4 CITY-ST-ZIP	Minneapolis, MN 55435	
4.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph L. Martin	
4.3 STREET ADDRESS	7700 France Ave. S.	
4.4 CITY-ST-ZIP	Minneapolis, MN 55435	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 1999 612/830-2762

Date

Daytime Phone #

CR2E034 (11/98)