

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G51033 (0)
 1. Corporation Name
CHAMPION RENTALS, INC.



Principal Place of Business 661 BEVILLE RD STE 206 S. DAYTONA FL 32119	Mailing Address 661 BEVILLE RD STE 206 S. DAYTONA FL 32119
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3230 West Lake Road	2a. Mailing Address 26 3230 West Lake Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State ERIE PA	28 City & State ERIE PA
24 Zip 16505	25 Country Erie
29 Zip 16505	30 Country Erie

3. Date Incorporated or Qualified 07/19/1983	
4. FEI Number 59-2310988	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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 _____ DATE _____
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 VP	NAME EALES, ROBERT A	1.1 TITLE	Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 661 BEVILLE ROAD, # 206	CITY-ST-ZIP SOUTH DAYTONA FL	1.2 NAME William E. Horgenstern	1.3 STREET ADDRESS 3230 West Lake Road
	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Erie PA 16505	2.1 TITLE Vice-Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P	NAME UPCHURCH, PAUL N	2.2 NAME JEFFREY A. Conway	2.3 STREET ADDRESS 3230 West Lake Road
STREET ADDRESS 661 BEVILLE RD #206	CITY-ST-ZIP S DAYTONA, FL 00000	2.4 CITY-ST-ZIP Erie PA 16505	3.1 TITLE Vice-Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	3.2 NAME RONALD D. DeWass	3.3 STREET ADDRESS 3230 West Lake Road
TITLE VP	NAME O'KEEFE, THOMAS E.	3.4 CITY-ST-ZIP Erie PA 16505	4.1 TITLE Secy. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 661 BEVILLE RD #206	CITY-ST-ZIP S DAYTONA FL	4.2 NAME Therese N. Riker	4.3 STREET ADDRESS 3230 West Lake Road
	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP Erie PA 16505	5.1 TITLE
TITLE S	NAME TILLOTSON, MARGO M	5.2 NAME	5.3 STREET ADDRESS
STREET ADDRESS 661 BEVILLE RD #206	CITY-ST-ZIP S DAYTONA FL	5.4 CITY-ST-ZIP	6.1 TITLE
	<input type="checkbox"/> DELETE	6.2 NAME	6.3 STREET ADDRESS
TITLE	NAME	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
	<input type="checkbox"/> DELETE		

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.

SIGNATURE: *Robert A. Eales* 7/10/98 (814) 836 0018

CR2E034 (5/98)