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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90204 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J63994

1. Corporation Name

CHOICE AUTO RENTAL, INC.

Principal Place of Business

3960 W. MARKET STREET
AKRON OH 44333-2445

Mailing Address

3960 MEDINA RD
AKRON OH 44333-2445
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1987

4. FEI Number

34-1552133

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JOSEPH M. STEFANINI
2961 PLACIDA RD
UNIT 1
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name

Carl E. Patrick, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

6823 Old Ranch Road

83

84 City

Sarasota

FL

85

Zip Code

34241

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

Carl E. Patrick, P.A.

4-27-99

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 ☐ DELETE

NAME DP
THOMPSON, MICHAEL W.
STREET ADDRESS 1846 GULF BLVD.
CITY-ST-ZIP ENGLEWOOD FL

TITLE ☐ DELETE

NAME VST
TAYLOR, MARY LOU
STREET ADDRESS 3960 MEDINA RD
CITY-ST-ZIP AKRON OH

TITLE ☐ DELETE

NAME D
STEFANINI, JOSEPH M.
STREET ADDRESS 3960 MEDINA RD
CITY-ST-ZIP AKRON OH

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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

MARY LOU TAYLOR 3/25/99 (330) 466-0711

Date

Daytime Phone #

CR2E034 (11/98)