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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(2)

FILED Feb 03 1998 8:00am Secretary of State

AFFORI	Dable Rent-A-Car of V	OLUSIA, INC.			
Principal Place		Mailing Address		I IDBIEDII 900 TEIND DIVIN BINII BIDON IIII BIENI	redre deliber defizie denze denze ende
266 RIDGEWOOD AVE HOLLY HILL FL 32117 HOLLY HILL FL 32117					
				DO NOT WRITE IN TH	IS SPACE
				 Date Incorporated or Qualified 12/04/1989 	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2977070	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	·····
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curr	ent Registered Agent	04 1	10. Name and Address of New Register	ed Agent
	RZILLI, ALBERT L.		81 Name		
266 RIDGEWOOD AVE HOLLY HILL FL 32117			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
nu	LLT TRUE PE 32117		83		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
			84 City	F	85 Zip Code
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obti	602 and 607.1508, Florida Statute te of Florida. Such change was a gations of, Section 607.0505, Flo	es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	ALCO A	E. Rugistered Agent signature requ	uired when reinstating) DAT	
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	DELETE	1.1 TITLE	ABBITIONS/GITANGEO TO GITAGENOT	Change Addition
NAME	Marzilli, albert L		1.2 NAME		
STREET ADDRESS	266 RIDGEWOOD AVE		1.3 STREET ADDRESS		
CITY-\$T-ZIP	HOLLY HILL FL		1.4 City-St-ZiP		
TITLE	DS	☐ DELETE	2.1 TITLE		Change Addition
NAME	MARZILLI, DIANE		2.2 NAME		
STREET ADDRESS	266 RIDGEWOOD AVE HOLLY HILL FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLT HILL PL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE NAME -			3.1 HILE 3.2 NAME		L. Change (L. Aboution)
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		·
STREET ADDRESS			4.3 STREET ADDRESS		
CATY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T Delete	5.4 CITY-ST-ZIP		There Take
TITLE		☐ DELETE	6.1 1ITLE		Change Addition
NAME CYPERT ADODESC			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(4), 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.