PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90047 049 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L33643

AFFORD	ABLE RENT-A-CAR OF VO	Lusia, inc.				
Principal Place of Business Mailing Address						111
266 RIDGEWOOD AVE HOLLY HILL FL 32117 266 RIDGEWOOD AVE HOLLY HILL FL 32117					DO NOT WRITE IN THIS SPACE	
	•				3. Date Incorporated or Qualifed	\neg
					12/04/1989	
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21 26					59-2977070 Not Applica	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additiona	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees	
Zip Country 24 25		Zip	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.	
-7	9. Name and Address of Curre				10. Name and Address of New Registered Agent	
		<u> </u>	81	Name	and the second s	
Marzilli, Albert L. 266 Ridgewood ave Holly Hill FL 32117			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
			83			
-			84	City	FL 85 Zip Code	.,
 office or r 	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag	of Florida. Such change was auth ations of, Section 607.0505, Florida	orized by a Statutes	the corporation.	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	2
TITLE	DP)P □ DELETE 1.			☐ Change ☐ Add	
NAME	•		1.2 NAME			
STREET ADDRESS	266 RIDGEWOOD AVE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL		1.4 CITY-S	T-ZIP		
TITLE			2.1 TITLE		☐ Change ☐ Ado	dition
NAME	MARZILLI, DIANE		2.2 NAME			
STREET ADDRESS	266 RIDGEWOOD AVE		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL		2. 4 CITY-5	ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Add	lition
NAME			3.2 NAME			
STREET ADDRESS	,			TADDRESS ·~		•
CITY-ST-ZIP		[] ACIETE	3.4. CITY-5	ST- ZIP	_ Change	dition
TITLE		☐ DELETE	4.1 TITLE		Li Change Li Add	Jaon
NAME			4. 2 NAME	TADDDEED		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	☐ Change ☐ Ado	dition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	D0	litiar
TITLE	[·		6.1 TITLE			TROOU

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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP