


2nd and **FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

FILED KL 7/30
99 JUL 29 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY			FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT			Katherine Harris	
1999			Secretary of State	
		DIVISION OF CORPORATIONS		
FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee			
\$ 588.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE			

1. Name and Mailing Address of Limited Liability Company	
DOCUMENT # 193000000191	
ATLANTIC RENT A CAR, L.C.	
2125 S. FEDERAL HWY.	
FORT LAUDERDALE FL 33316	

1a. Principal Place of Business Address
2125 S. FEDERAL HWY.
FORT LAUDERDALE FL 33316

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
06/10/1993	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0428269	
5. Date of Last Report	6. Certificate of Status Desired
04/17/1998	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
SONNE, WALTER
4015 NORTHEAST 34TH AVENUE
FORT LAUDERDALE FL 33316

8. Name and Address of New Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
P	SONNE, WALTER	2125 S. FEDERAL HWY.	FORT LAUDERDALE FL
ST	AUDREY S. LOCKARD,	2125 S. FEDERAL HWY.	FORT LAUDERDALE FL

200002949182--4
-08/03/99--01066--012
****588.75 ****588.75

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Audrey S. Lockard Audrey S. Lockard 7-26-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER