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

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May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (8) M96547 OMNI CAR RENTALS, INC. Principal Place of Business Mailing Address 2640 S MCCALL RD 2640 S MCCALL RD ENGLEWOOD FL 34224 **ENGLEWOOD FL 34224** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1988 2. Principal Place of Business 2a. Mailing Address Applied For 65-0069190 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BLUMBERG WILLIAM J. 2640 S MCCALL RD Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 34224 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE CR2E034 (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 11 TITLE NAME BLUMBERG, WILLIAM 1.2 NAME 212 ROCKWOOD WAY STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE BLUMBERG, MARILYN NAME 2.2 NAME 300 STRATFORD RD STREET ADDRESS 2.3 STREET ADDRESS ENGLEWOOD FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition DELETE TITLE 3.1 TITLE NAME **BLUMBERG, BARBARA** 3.2 NAME 212 ROCKWOOD WAY STREET ADDRESS 3.3 STREET ADDRESS **ENGLEWOOD FL** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE BLUMBERG, RYAN C NAME 4. 2 NAME 39 1ST AVE. STREET ADDRESS 4.3 STREET ADDRESS **ENGLEWOOD FL** CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change __ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITL F 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-\$1-ZIP 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.

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