

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90261 026 ***150.00

DOCUMENT # M96547

1. Corporation Name

OMNI CAR RENTALS, INC.

Principal Place of Business

2640 S MCCALL RD
ENGLEWOOD FL 34224

Mailing Address

2640 S MCCALL RD
ENGLEWOOD FL 34224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1988

4. FEI Number

65-0069190

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BLUMBERG WILLIAM J.
2640 S MCCALL RD
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE P
NAME BLUMBERG, WILLIAM
STREET ADDRESS 212 ROCKWOOD WAY
CITY-ST-ZIP ENGLEWOOD FL
☐ DELETE

TITLE S
NAME BLUMBERG, MARILYN
STREET ADDRESS 300 STRATFORD RD.
CITY-ST-ZIP ENGLEWOOD FL
☐ DELETE

TITLE VP
NAME BLUMBERG, BARBARA
STREET ADDRESS 212 ROCKWOOD WAY
CITY-ST-ZIP ENGLEWOOD FL
☐ DELETE

TITLE T
NAME BLUMBERG, RYAN C
STREET ADDRESS 39 1ST AVE.
CITY-ST-ZIP ENGLEWOOD FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Blumberg, William J.
1.3 STREET ADDRESS 160 N Broadway #101
1.4 CITY-ST-ZIP Englewood, FL 34223
☒ Change ☐ Addition

2.1 TITLE S
2.2 NAME Blumberg, Marilyn
2.3 STREET ADDRESS 160 N Broadway #101
2.4 CITY-ST-ZIP Englewood, FL 34223
☒ Change ☐ Addition

3.1 TITLE VP
3.2 NAME Blumberg, Barbara
3.3 STREET ADDRESS 160 N Broadway #101
3.4 CITY-ST-ZIP Englewood, FL 34223
☒ Change ☐ Addition

4.1 TITLE T
4.2 NAME Blumberg, Ryan C
4.3 STREET ADDRESS 9462 Fritland
4.4 CITY-ST-ZIP Englewood, FL 34223
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 9414744614
Date Daytime Phone #

CR2E034 (1/98)