

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

#13

0006971

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90049 046 \*\*\*150.00

DOCUMENT # P27398

1. Corporation Name  
AVIS LUBE, INC.

Principal Place of Business  
900 OLD COUNTRY RD.  
GARDEN CITY NY 11530

Mailing Address  
900 OLD COUNTRY RD.  
GARDEN CITY NY 11530

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1989

4. FEI Number

11-2811733

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.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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	D	<input type="checkbox"/> DELETE
NAME	SHEEHAN, KEVIN	
STREET ADDRESS	900 OLD COUNTRY RD.	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLLINS, MICHAEL P	
STREET ADDRESS	900 OLD COUNTRY RD.	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SALERNO, F ROBERT	
STREET ADDRESS	900 OLD COUNTRY RD.	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCIAFANI, KAREN C.	
STREET ADDRESS	900 OLD COUNTRY RD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JACOBSON, RICHARD J	
STREET ADDRESS	900 OLD COUNTRY RD.	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KENELL, GERARD	
STREET ADDRESS	900 OLD COUNTRY RD.	
CITY-ST-ZIP	GARDEN CITY NY 11530	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JACOBSON, RICHARD S.
5.3 STREET ADDRESS	900 OLD COUNTRY ROAD
5.4 CITY-ST-ZIP	GARDEN CITY, NY 11530
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE: *Richard Jacobson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/99

(516) 222 3971

CR2E034 (11/98)