6-18-98 B 7960 C

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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P36639** **(3)**

1. Corporation Name
AVIS SERVICE, INC.

Principal Place of Business	Mailing Address
900 OLD COUNTRY ROAD GARDEN CITY NY 11530	900 OLD COUNTRY ROAD GARDEN CITY NY 11530

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
12/09/1991

4. FEI Number
11-2811732
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SALERNO, F. ROBERT		1.2 NAME		
STREET ADDRESS	28 KATONAH WOODS RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KATONAH NY		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	SHEEHAN, KEVIN		2.2 NAME	SHEEHAN, KEVIN	
STREET ADDRESS	47 GLENN WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	COLD SPRGS HARBOR NY		2.4 CITY-ST-ZIP		
TITLE	DEV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, MICHAEL P.		3.2 NAME		
STREET ADDRESS	3 GREAT NECK CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTINGTON NY		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE	TREASURER, VP	☒ Change ☐ Addition
NAME	KENNELL, GERARD		4.2 NAME	Kennell, Gerard J	
STREET ADDRESS	4D EASTGATE RD		4.3 STREET ADDRESS	41 Eastgate Rd	
CITY-ST-ZIP	WAINSCOTT NY		4.4 CITY-ST-ZIP	Wainscott, NY	
TITLE	VP	☒ DELETE	5.1 TITLE	VP Taxes	☐ Change ☑ Addition
NAME	GREENBERGER, STEVEN L		5.2 NAME	Jacobson, Richard S	
STREET ADDRESS	162 HIGH POND DRIVE		5.3 STREET ADDRESS	36 Gainsville, DR	
CITY-ST-ZIP	JERICHO NY		5.4 CITY-ST-ZIP	Plainview, N.Y 11803	
TITLE		☐ DELETE	6.1 TITLE	Secretary	☐ Change ☑ Addition
NAME			6.2 NAME	Sclafani, Karene	
STREET ADDRESS			6.3 STREET ADDRESS	14 Oak Point DR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Bayville, NY 11709	

CR2E034 (10/97)

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.

(51C)