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Fee

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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90049 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



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

1999

DOCUMENT # P36639

1. Corporation Name
AVIS SERVICE, INC.

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

Mailing Address
**900 OLD COUNTRY ROAD
GARDEN CITY NY 11530**

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **SALERNO, F. ROBERT**
CITY-ST-ZIP **28 KATONAH WOODS RD.
KATONAH NY**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SHEEHAN, KEVIN**
CITY-ST-ZIP **47 GLENN WAY
COLD SPRGS HARBOR NY**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DEV**
STREET ADDRESS **COLLINS, MICHAEL P.**
CITY-ST-ZIP **3 GREAT NECK CT.
HUNTINGTON NY**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TVP**
STREET ADDRESS **KENNEL, GERARD J**
CITY-ST-ZIP **41 EASTGATE RD
WAINSCOTT NY**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **JACOBSON, RICHARDS**
CITY-ST-ZIP **36 GAINESVILLE DR.
PLAINVIEW NY 11803**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **J**
5.3 STREET ADDRESS **JACOBSON, RICHARD S**
5.4 CITY-ST-ZIP **36 GAINESVILLE DR.
PLAINVIEW NY 11803**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **SCLAFANI, KARENE**
CITY-ST-ZIP **14 OAK POINT DR
BAYVILLE NY 11709**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **S**
6.3 STREET ADDRESS **SCLAFANI, KAREN C**
6.4 CITY-ST-ZIP **14 OAKPOINT DR
BAYVILLE, NY 11709**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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.

certify that the information

SIGNATURE: *Richard Jacobson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Pres

Date

Daytime Phone #

(516) 222-3971

CR2E034 (11/98)