

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000002213 (6)

1. Corporation Name

EXPRESS CAR & BOAT RENTALS, INC.



Principal Place of Business

Mailing Address

4940 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY FL 34653

4940 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified
11/05/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 4924 US HIGHWAY 19 NORTH
Suite, Apt. #, etc.

2a. Mailing Address
26 4924 US HIGHWAY 19 NORTH
Suite, Apt. #, etc.

4. FEI Number
59-3151195
Applied For
Not Applicable

22 City & State
23 NEW PORT RICHEY FL
24 Zip 34655
25 Country U.S.A.

27 City & State
28 NEW PORT RICHEY FL
29 Zip 34655
30 Country U.S.A.

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGGS, STUART
4940 U.S. HWY. 19 NORTH
NEW PORT RICHEY FL 34652

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 *Stuart Maggs* STUART MAGGS (PRESIDENT) 4/22/96
Signature typed or printed name of registered agent and date filed Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MAGGS, STUART G	
STREET ADDRESS	7315 EVESBOROUGH LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MAGGS, TRACEY J	
STREET ADDRESS	7315 EVESBOROUGH LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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

SIGNATURE: *Stuart Maggs* 4/22/96 (813) 372-9406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)