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FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000003454 (5)

1. Corporation Name

MAROONE CAR AND TRUCK RENTAL COMPANY



Principal Place of Business

Mailing Address

450 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

450 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1992

2. Principal Place of Business

2a. Mailing Address

21 110 SE Sixth St.

26 110 SE Sixth St.

4. FEI Number

65-0371429

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33301

25 USA

Zip

Country

29 33301

30 USA

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 D
HAWKINS, THOMAS W
STREET ADDRESS 450 E. LAS OLAS BLVD., #1200
CITY-ST-ZIP FT. LAUDERDALE FL 33301

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

110 SE Sixth St.
Ft. Lauderdale, FL 33301

TITLE ☐ DELETE

NAME SD
COLE, JAMES O
STREET ADDRESS 450 E. LAS OLAS BLVD., #1200
CITY-ST-ZIP FT. LAUDERDALE FL 33301

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

110 SE Sixth St.
Ft. Lauderdale, FL 33301

TITLE ☐ DELETE

NAME PST
MAROONE, MICHAEL E
STREET ADDRESS 450 E. LAS OLAS BLVD., #1200
CITY-ST-ZIP FT. LAUDERDALE FL 33301

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

110 SE Sixth St.
Ft. Lauderdale, FL 33301

TITLE ☐ DELETE

NAME Y
HYLE, KATHLEEN
STREET ADDRESS 450 E. LAS OLAS BLVD., #1200
CITY-ST-ZIP FT. LAUDERDALE FL 33301

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

110 SE Sixth St.
Ft. Lauderdale, FL 33301

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE

2/17/98 954-769-6000

CP2E034 (10/97)