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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P92000009579 (3)

Principal Place of Business Mailing Address 3506 NO MAIN ST GAINESVILLE FL 32609

## **FILED** Apr 15 1998 8:00am Secretary of State

APEX CAR RENTAL SYSTEMS, INC. 3506 NO MAIN ST **GAINESVILLE FL 32609** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1992 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 9785. SOUTH OPANGE GOSSOM Suite, Apt. #, etc. TRAIL 9785. SOUTH ORANGE BLOSSOM 59-3166518 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 図 Fee Required SUITE E, **Συιτε, Ε** City & State 6. Election Campaign Financing \$5.00 May Be ORLANDO. OPLANDO Trust Fund Contribution Added to Fees Country Country Zισ This corporation owes or has paid the current year Intangible U٠s J.S 32837 Yes □ No 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DHARSI, SAHID SAHID DHARS |
Street Address (P.O. Box Number is Not Acceptable) 2610 NE 39TH AVE. 82 GAINESVILLE FL 32609 9785 SOUTH DRANGE BLOSGOM TRAIL 83 E 84 OPLANDO Zip Code 32837 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition DHARSI, SAHID NAME 1.2 NAME 2610 NE 39TH AVE. STREET ADDRESS 1.3 STREET ADDRESS Gainesville FL 32009 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE D 2.1 TITLE ISMAIL, ASHIF S 2.2 NAME NAME 2610 NE 39TH AVE. UNIT 131 2.3 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32009** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 THILE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 54 CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 trusted 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

MEETIN

SIGNATURE:

4072519233