

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

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

SARAH R. MATHIAS
Secretary, Florida

FLORIDA DEPARTMENT OF STATE

APPROVED
FILED

STAFFORD, AMY 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001524 (6)

FLORIDA DEPARTMENT OF STATE
MARLINS INTERNATIONAL AUTO RENTAL, INC.

1995 ANNUAL REPORT

May 14, 1995

3739 NW 25TH STREET
MIAMI FL 33142

3739 NW 25TH STREET
MIAMI FL 33142

PRINTED NAME IN THIS SPACE

3a. Date Incorporated or Qualified 3b. Date of Last Report
01/05/1993 10/07/1994

2. Name of Corporation	2a. Mailing Address	4. FEI Number	Applied For Not Applicable
21. <i>REYNOSO, WALTER</i>	26. Suite Apt # 600	27. Certificate of Status Desired	\$8.75 Additional Fee Required
22. <i>REYNOSO, EDITH</i>	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23. <i>REYNOSO, WALTER</i>	29. Zip	8. That corporation has filed for attachment by order # 100-0000	Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24. <i>REYNOSO, EDITH</i>	30. County		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REYNOSO, WALTER 2937 SW 27 AVENUE #107 COCONUT GROVE FL 33133		81. Name	
		82. Street Address (P.O. Box Number Is Not Acceptable)	
		83.	
		84. City	85. Zip Code FL

11. Pursuant to the provisions of Sections 607.024(1) 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, thereby accept the appointment as registered agent. I am familiar with and understand the obligations of Section 607.020, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
OFFICE	NAME	1. NAME	2. Change 3. Add/Rem
PD	REYNOSO, JORGE 11600 N. BAYSHORE DR. N. MIAMI FL 33181	1. NAME 2. STREET ADDRESS 3. CITY ST ZIP	
V	REYNOSO, EDITH 11600 N. BAYSHORE DR. N. MIAMI FL 33181	4. NAME 5. STREET ADDRESS 6. CITY ST ZIP	
T	REYNOSO, JORGE 11600 N. BAYSHORE DR. N. MIAMI FL 33181	7. NAME 8. STREET ADDRESS 9. CITY ST ZIP	
S	REYNOSO, EDITH 11600 N. BAYSHORE DR. N. MIAMI FL 33181	10. NAME 11. STREET ADDRESS 12. CITY ST ZIP	
		13. NAME 14. STREET ADDRESS 15. CITY ST ZIP	
		16. NAME 17. STREET ADDRESS 18. CITY ST ZIP	
		19. NAME 20. STREET ADDRESS 21. CITY ST ZIP	

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption granted in Section 100-027, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made orally that I am an officer or director of the corporation or the person or person empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 of the document or attached to an attachment with an address.

SIGNATURE: *Edith Reynoso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 305-6333123

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Treasurer of Florida
Florida Secretary of State
Florida Office of the Attorney General

DOCUMENT # P93000001845 (5)

JASSD, INC.

110-110-15

Business Name or Fictitious
Name(s) Address
1134 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

STATE OF
TALLAHASSEE, FLORIDA
(DO NOT WRITE IN THIS SPACE)

2. Name and Address of President	2a. Mailing Address	3. Date Incorporated or Organized	3a. Date of Last Report		
21	26	12/29/1992	06/28/1994		
Guide Apt. # etc.	Suite, Apt. # etc.	Applied For			
22	27	59-3155862 Not Applicable			
City & State	City & State	5. Certificate of Status Desired			
23	28	\$6.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution			
		\$5.00 May Be Added to Fees			
24	25	29	30	8. This corporation has liability for unfranchise tax under § 199 Day Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
RHYNARD, M A 515 S RIDGEWOOD AVENUE DAYTONA BEACH FL 32114			81	Name	
			82	Street Address / P.O. Box Number is Not Acceptable	
			83		
			84	City	85 Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0601 and 607.1608, Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0608, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES & TO OFFICERS AND DIRECTORS		
NAME	D MAGUIRE, DENNIS T 1134 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	13.001	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		13.002	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		13.003	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, STATE ZIP		13.004	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		13.005	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		13.006	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, STATE ZIP		13.007	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		13.008	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		13.009	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, STATE ZIP		13.010	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		13.011	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		13.012	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, STATE ZIP		13.013	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		13.014	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		13.015	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, STATE ZIP		13.016	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		13.017	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		13.018	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, STATE ZIP		13.019	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this document is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4), Florida Statutes. Further certify that the information indicated in the 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 this corporation or the trustee or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or Block 3 if changed, or on an affidavit with an address.

SIGNATURE:

BIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS MAGUIRE

15/19/95 940414920

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1995



FLORIDA DEPARTMENT OF STATE
MARK B. McIVER
Secretary of State
Tallahassee, Florida 32304-0001

APPROVED
AND
FILED

RECEIVED - 5-18-95 10:15

DOCUMENT # P93000001912 (3)

DAVE'S MOWER SHOP, INC.

1121 N MAIN ST
WINTER GARDEN FL 34787

1121 N MAIN ST
WINTER GARDEN FL 34787

FLORIDA
WINTER GARDEN, FLORIDA

2. Previous Name if Different

21 Suite Apt. # 100

22 City & State

23 Zip

24 County

25 Name

26 Mailing Address

27 Suite Apt. # 100

28 City & State

29 Zip

30 County

3. Date Incorporated / Filed

4. FEI Number

5. Certificate of Status Desired

6. Election Campaign Financing

7. This corporation has liability for unexcused tax under S. 1990082,

Florida Statutes Yes No

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

10. Name and Address of Current Registered Agent

11. Pursuant to the provisions of Sections 607.1507 and 607.1508, Florida Statutes, the above named corporation submits the 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 adoption of the laws of S. 1990082, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.07(6), Florida Statutes. I further certify that the information indicated in the annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it were written on the original or original copy of the corporation or the officer or director empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 on the original or original copy of the annual report with my address.

SIGNATURE:

SIGNED AND FILED ON PRINTED COPY OF SIGNING OFFICER OR DIRECTOR

5-18-95 877-3900

0078900 CP