FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 22 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001524 (6)

1. Current Name
MARLINS INTERNATIONAL AUTO RENTAL, INC.

Principal Address
3739 NW 25TH STREET
MIAMI FL 33142

Mailing Address
3739 NW 25TH STREET
MIAMI FL 33142

(Changes Only)

2. FEI Number (If Applicable) 21	2a. Mailing Address 26
State Abbreviation 22	State Abbreviation 27
City & State 23	City & State 28
Zip 24	Zip 25 / Country 29 / 30

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

4. FEI Number: 65-0523211 — 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 is subject to chapter 607.1901, Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

REYNOSO, WALTER
2937 SW 27 AVENUE #107
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

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 Section 607.0501 or 617.1501, 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

(Address Changes Only: Signature of Officer or Director Required) (Registered Agent Signature Required) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: PD Name: REYNOSO, JORGE Street Address: 11600 N. BAYSHORE DR. City-State-Zip: N. MIAMI FL 33181	Title: Name: Street Address: City-State-Zip: ☐ Change ☐ Addition
Title: V Name: REYNOSO, EDITH Street Address: 11600 N. BAYSHORE DR. City-State-Zip: N. MIAMI FL 33181	Title: Name: Street Address: City-State-Zip: ☐ Change ☐ Addition
Title: T Name: ~~REYNOSO, JORGE~~ Street Address: ~~11600 N. BAYSHORE DR.~~ City-State-Zip: ~~N. MIAMI FL 33181~~	Title: TREAS. Name: LUIS E. REYNOSO Street Address: 11600 N. BAYSHORE DR City-State-Zip: N. MIAMI, FLA. 33181 ☒ Change ☐ Addition
Title: S Name: ~~REYNOSO, EDITH~~ Street Address: ~~11600 N. BAYSHORE DR.~~ City-State-Zip: ~~N. MIAMI FL 33181~~	Title: SECRETARY Name: ALBERTO REYNOSO Street Address: 11600 N BAYSHORE DR City-State-Zip: N. MIAMI, FLA 33181 ☒ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	Title: Name: Street Address: City-State-Zip: ☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	Title: Name: Street Address: City-State-Zip: ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that such information complies with the applicable provisions of Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above with an address.

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

5/17/95 (Date) 305-6333173 (Area Code & Daytime Phone Number)

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CORPORATION ANNUAL REPORT

1995

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95 APR 10 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000001845 (5)**

1. Corporate Name

JASSD, INC.

Principal Place of Business

1134 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

Mailing Address

1134 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: **12/29/1992**

3a. Date of Last Report: **06/28/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

24 | 25 | 29 | 30

4. FEI Number: **59-3155862** ☐ 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 has been or intends to be under S. 1361.05 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RHYNARD, M A
515 S RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

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 Section 607.0501 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

(If changing Registered Agent, New Registered Agent must sign above) (If not changing Registered Agent, signature required below) Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: MAGUIRE, DENNIS T STREET ADDRESS: 1134 JOHN ANDERSON DRIVE CITY-ST-ZIP: ORMOND BEACH FL 32176	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this report, including any required attachments, is true and accurate and that this report is executed in accordance with Section 607.0501, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 1 or Block 12 if changed or added to the report.

SIGNATURE: DENNIS MAGUIRE — 4/5/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # P93000001912 (3)

1. Corporate Name
DAVE'S MOWER SHOP, INC.

Principal Office Address
112 S MAIN ST
WINTER GARDEN FL 34787

Mailing Address
112 S MAIN ST
WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1992
3a. Date of Last Report: 07/19/1994

2. Principal Place of Business
2a. Mailing Address

4. FEI Number: 59-3153934 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WRIGHT, DAVE
112 S MAIN ST
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WRIGHT, DAVE
STREET ADDRESS	221 N STARR ST
CITY-ST-ZIP	OAKLAND FL 34760
TITLE	VD
NAME	RAUSER WRIGHT, LISA M
STREET ADDRESS	221 N STARR ST
CITY-ST-ZIP	OAKLAND FL 34760

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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)(i), 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 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: Dave Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-95 Date
877-3900 Daytime Phone #

0375990 CP