

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000015333 (6)

1. Corporation Name:
DINOSAUR AUTO RENTAL, INC.



Principal Place of Business
5636 JOHNSON ST
HOLLYWOOD FL 33021

Mailing Address
5636 JOHNSON ST
HOLLYWOOD FL 33021-5632

3. Date Incorporated or Qualified
03/01/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0430942

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

2. Principal Place of Business

2a. Mailing Address

21 1100 SE. 5th Ct.

26 1100 SE. 5th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #79

27 #79

City & State

City & State

23 Pompano Bch. Fl.

28 Pompano Bch. Fl.

Zip

Country

Zip

Country

24 33060

25 BROWARD

29 33060

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEINBERG, JEFFREY
4851 SHERIDAN ST
SUITE 300
HOLLYWOOD FL 33021

81 Name
MR. CHRIS JORDAN CPA
82 Street Address (P.O. Box Number is Not Acceptable)
15485 EAGLE NEST LANE
83 Suite 210
84 City
MIAMI LAKES FL 85 Zip Code
33014

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 607.0509, Florida Statutes.

SIGNATURE Chris JORDAN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	VON BAMPUS, JAMES	
STREET ADDRESS	110 SUMMIT AVE	
CITY - ST - ZIP	MONTVALE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VON BAMPUS, CHARLENE	
STREET ADDRESS	110 SUMMIT AVE	
CITY - ST - ZIP	MONTVALE NJ	
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		
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 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: CHARLENE VON BAMPUS Charlene Von Bampus 2/9/97 954-942-7743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)