

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

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000044580 (7)

1. Corporation Name
ALAMO RENT-A-CAR (CANADA), INC.

Principal Place of Business
**110 SOUTHEAST 6TH STREET
FORT LAUDERDALE FL 33301**

Mailing Address
**P.O. BOX 22776
ATTN: JOHN DAMIAN
FORT LAUDERDALE FL 33333-2776
US**

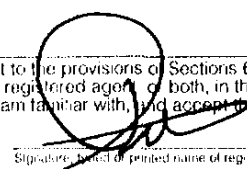


2. Principal Place of Business 21 450 E. Las Olas Blvd. Suite, Apt. #, etc. 22 Ste. 1200 City & State 23 Ft. Lauderdale, FL Zip Country 24 33301 25 USA	2a. Mailing Address 26 450 E. Las Olas Blvd. Suite, Apt. #, etc. 27 Ste. 1200 City & State 28 Ft. Lauderdale, FL Zip Country 29 33301 30 USA
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3. Date Incorporated or Qualified 06/23/1993	3a. Date of Last Report 02/09/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TRIPP, NORMAN D TRIPP, SCOTT, CONKLIN & SMITH FORT LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 83 1200 S. Pine Island Rd. 84 City Panama FL 85 Zip Code 33304
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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 607.0502, Florida Statutes.

SIGNATURE:  **PETER F. SOUZA** **3/12/97**
ASSISTANT SECRETARY (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGAN, MICHAEL S	1.2 NAME	Thomas W. Hawkins
STREET ADDRESS	110 SOUTHEAST SIXTH STREET	1.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste 1200
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORSE, EDWARD J	2.2 NAME	Richard L. Hardley
STREET ADDRESS	6363 NORTHWEST 6TH WAY STE. 400	2.3 STREET ADDRESS	450 E. Las Olas Blvd Ste. 1200
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, WILLIAM H	3.2 NAME	McDonald Clark
STREET ADDRESS	55 EAST MONROE STREET STE. 4620	3.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP	CHICAGO IL 60603	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIPP, NORMOND	4.2 NAME	n maria merendez
STREET ADDRESS	110 SOUTHEAST SIXTH STRET	4.3 STREET ADDRESS	110 SE 6th St.
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	DP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, MACDONALD	5.2 NAME	Courtland Reddy
STREET ADDRESS	110 SOUTHEAST SIXTH STRET	5.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	VAS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, BRENT D	6.2 NAME	
STREET ADDRESS	110 S.E. 6TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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:  **Richard L. Hardley** **3/31/97** **954-713-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)