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

PROFIT: CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

P93000044580 (7)

ALAMO RENT-A-CAR (CANADA), INC.

**FILED** Mar 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address  450 5 140 Clas RIVD	BI IFIN BUN (BU
450 E 140 OLAG DUID. 450 E 140 OLAG DUID.	D# 18111 UBIT 1881
450 E. LAS OLAS BLVD. 450 E. LAS OLAS BLVD.	
STE. 1200 STE. 1200 DO NOT WRITE IN THIS SPACE	
US  US  3. Date Incorporated or Qualified	
06/23/1993	
2. Principal Place of Business 2e. Mailing Address 4. FEI Number 65-0568378	Applied For
$21 \mid 110 \rightarrow 3111131$ , $26 \mid 10 \rightarrow 3111131$ , NOT APPLICABLE	Not Applicable
<b>1. b.</b> Certificate of Status Desired	5 Additional Required
City P. Chale	
23/7+. AUTOSIA P. 7 28/7+. AUTOSIA Contribution	00 May Be led to Fees
Zip Country Zip Country 8. This corporation owes or has paid the current year Personal Property Tax due June 30. Yes	r Intangible
24 5550\ 25 29 5550\ 30 Personal Property Tax due June 30.  Yes	□ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM  81 Name	
Of COM CICATION CICAL	
1200 S. PINE ISLAND RD. PLANTATION FL 33324  Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City 85 2	Žip 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ng its registered Las registered
SIGNATURE Signature typed or profiled name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating)  DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	IORS IN 12
TITLE DV DELETE 1.1 TITLE	
NAME HAWKINS, THOMAS W 1.2 NAME	·
STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 1200 1.3 STREET ADDRESS 110 SE 51x4h St.	ł
CITY-ST-ZIP FORT LAUDERDALE FL 14 CITY-ST-ZIP THE LAUVERDALE TL 33301	
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NAME HANDLEY, RICHARD L 22 HAME JAMES O. COR	,
STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 1200 23 SYREET ADDRESS NO SE STATIST.	
CODY   AUDEDDALE EL	
CITY-ST-ZIP FORT LAUDERDALE FL 2.4 CITY-ST-ZIP FL LAUGERDALE FL 333301	
TITLE P DELETE 3.1 TITLE December 2.1 TITLE	ge Addition
NAME MCDONALD, CLARK  DELETE 3.1 TITLE  3.2 NAME  DELETE 3.1 TITLE	ge Addition
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TITLE  NAME  NAME  STREET ADDRESS  CHICAGO IL  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CHICAGO IL  3.4 CHIY-ST-ZIP  T. CAUCHOCA R. FL 3380)	
TITLE	
TITLE  NAME  NAME  MCDONALD, CLARK  STREET ADDRESS  CITY-SI-ZIP  CHICAGO IL  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  MENENDEZ, N. M  4.2 NAME  3.1 TITLE  4.1 TITLE  Chan  AL 2 NAME	
TITLE  NAME  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  MENENDEZ, N. M  STREET ADDRESS  TO SE. 6TH ST.  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-SI-ZIP  4.1 TITLE  MENENDEZ, N. M  4.2 NAME  4.3 STREET ADDRESS  TO SE. 6TH ST.  CONT. AND COMMENT.  AND COMMEN	
TITLE  NAME  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  MENENDEZ, N. M  STREET ADDRESS  CITY-ST-ZIP  TO S.E. 6TH ST.  FORT LAUDERDALE FL  DELETE  3.1 TITLE  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  4.4 CITY-ST-ZIP  4.4 CITY-ST-ZIP  4.4 CITY-ST-ZIP  4.4 CITY-ST-ZIP	ge Addition
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TITLE  NAME  MCDONALD, CLARK  STREET ADDRESS CITY-SI-ZIP  CHICAGO IL  TITLE  NAME  MENENDEZ, N. M  STREET ADDRESS CITY-SI-ZIP  TITLE  NAME  MENENDEZ, N. M  STREET ADDRESS CITY-SI-ZIP  TITLE  NAME  MENENDEZ, N. M  STREET ADDRESS CITY-SI-ZIP  TITLE  AT  NAME  PEDDY, COURTLAND  STREET ADDRESS CITY-SI-ZIP  TITLE  AT  PEDDY, COURTLAND  STREET ADDRESS CITY-SI-ZIP  FORT LAUDERDALE FL  SI TITLE  SI TITLE  SI TITLE  SI TITLE  SI TITLE  SI SITLE  SI SI SITLE  SI SI SITLE  SI SI SITLE  SI SI SI  SI SI SI SI  SI SI SI SI  SI SI SI SI SI  SI SI SI SI  SI SI SI SI SI  SI SI	ge Addition
TITLE  NAME  NAME  NAME  STREET ADDRESS  CITY-SI-ZIP  CHICAGO IL  TITLE  NAME  MENENDEZ, N. M  STREET ADDRESS  CITY-ST-ZIP  TO DELETE  AT  PEDDY, COURTLAND  STREET ADDRESS  CITY-SI-ZIP  FORT LAUDERDALE FL  STREET ADDRESS  CITY-SI-ZIP  STREET ADDRESS  CITY-SI-ZIP  FORT LAUDERDALE FL  DELETE  STREET ADDRESS  STREE	ge Addition
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TITLE  NAME  MCDONALD, CLARK  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  MENENDEZ, N. M  STREET ADDRESS  CITY-ST-ZIP  FORT LAUDERDALE FL  TITLE  AT  PEDDY, COURTLAND  STREET ADDRESS  CITY-ST-ZIP  FORT LAUDERDALE FL  TITLE  AT  PEDDY, COURTLAND  STREET ADDRESS  CITY-ST-ZIP  FORT LAUDERDALE FL  DELETE  5.1 TITLE  5.2 NAME  STREET ADDRESS  CITY-ST-ZIP  FORT LAUDERDALE FL  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  FORT LAUDERDALE FL  Chan	ge Addition

indicated on this annual report or supplemental arnual 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 ou an attachment with an address.

SIGNATURE: