

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044580

1. Corporation Name

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

Principal Place of Business

Mailing Address

110 S.E. 6th Street
Fort Lauderdale, FL
33301

110 S.E. 6th Street
Fort Lauderdale, FL
33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/93

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0568278

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 Pine Island Road
Plantation, FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE
NAME Hawkins, Thomas W.
STREET ADDRESS 110 S.E. 6th Street
CITY-ST-ZIP Fort Lauderdale, FL 33301

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVS ☐ DELETE
NAME Cole, James O
STREET ADDRESS 110 S.E. 6th Street
CITY-ST-ZIP Fort Lauderdale, FL 33301

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE McDonald, Clark ☒ DELETE
NAME McDonald, Clark
STREET ADDRESS 110 S.E. 6th Street
CITY-ST-ZIP Fort Lauderdale, FL 33301

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Beard, Karen
3.3 STREET ADDRESS 200 S. Andrews Avenue
3.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE Menendez, N. M ☒ DELETE
NAME Menendez, N. M
STREET ADDRESS 110 S.E. 6th Street
CITY-ST-ZIP Fort Lauderdale, FL 33301

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Hurst, O. Mason
4.3 STREET ADDRESS 110 S.E. 6th Street
4.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE Hyle, Kathleen W. ☐ DELETE
NAME Hyle, Kathleen W.
STREET ADDRESS 200 S. Andrews Avenue
CITY-ST-ZIP Fort Lauderdale, FL 33301

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE Sills, Howard ☐ DELETE
NAME Sills, Howard
STREET ADDRESS 200 S. Andrews Avenue
CITY-ST-ZIP Fort Lauderdale, FL 33301

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

James O. Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90070 035 ***150.00

CR2E034 (1/98)