

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P93000045518

1. Corporation Name:

Prestige Rent-A-Car, Inc.

Principal Place of Business:

Orlando, FL

Mailing Address:

6500 S Orange Ave
Orlando, FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/25/93

4. FEI Number
59-3199760

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 or has paid the current year intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business:

21 6500 S Orange Ave

Suite, Apt. #, etc.

22 City & State:
Orlando FL

24 Zip
32809

25 Country
USA

2a. Mailing Address:

26 6500 S Orange Ave

Suite, Apt. #, etc.

27 City & State:
Orlando FL

29 Zip
32809

30 Country
USA

9. Name and Address of Current Registered Agent

Robert Hellmer
6500 S Orange Ave
Orlando, FL 32809

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 607.01(1) and 607.15(1), 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 607.01(1), Florida Statutes.

SIGNATURE Robert Hellmer x

5/27/98

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PYS
Robert Hellmer
6500 S Orange Ave
Orlando FL 32809

2. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

14. I hereby certify that the information supplied with this form is true and exactly for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this document pertains to the corporation and 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, and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 15. I have signed this statement under oath.

SIGNATURE:

x Robert Hellmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3000002550383
06/08/98 0100-00
***150.00

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