| SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)   |   |   |                                      |  |  |
|--|---|---|--------------------------------------|--|--|
| PF<br>CORP   | ROFIT<br>ORATION  | FLORIDA DEPARTME<br>Sandra B. M.<br>7534 Secretary of | ENT OF STATE<br>ortham               |  |  |
| ANNUAL REPORT  19968-296  DIVISION OF CORPORATIONS   |   |   |                                      |  |  |
| DOCUMENT # P93000062525 (9)  |   |   |                                      |  |  |
| PRESTIG  | GE AUTO RENTALS, INC.   |   |                                      | I INCOMEN DIN DELLE ARREST CONTRACTOR                  | DONN BRANK ONNO HOOL DHANK HIZON DINA 1886 |
| -  |   | Mailing Address                                       |                                      |  |  |
| Principal Place of Business Mailing Address  4630 S KIRKMAN RD 4630 S KIRKMAN RD   |   |   |                                      |  |  |
| STE 309<br>RTOLAMDO F 32811  |   | STE 309<br>Orlanodf FL 32811<br>US                    |                                      | Date Incorporated or Qualified                         | 3a. Date of Last Report                    |
| us   |   |   |                                      | 09/08/1993   | 06/26/1995                                 |
| 2. Principal Pla<br>21 507 /   | , , , , , , , , , , , , , , , , , , ,                                 | 2a. Mailing Address<br>26 557 Noで ル                   | ew York ALE                          | 4. FEI Number 59-3208784                               | Applied For Not Applicable                 |
| Suite, Apt. #  | , etc   | Suite, Apt. #, etc<br>27 302                          |                                      | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required             |
| City & State   | _   | City & State  | CI                                   | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be<br>Added to Fees             |
|  | · / /+  | Zip 22706   | Country                              | a. This corporation has liability for                  | r intangible tax under s. 199 032.         |
| Zip<br>24 3278   | 9. Name and Address of Current Re                                     | 29 32781 30<br>egistered Agent                        | 0                                    | Fiorida Statutes  10. Name and Address of New R        | Yes No egistered Agent                     |
| CT CORPORATION SYSTEM  |   |   |                                      |  |  |
| 1 1200 SOUTH FIRE ISCARD RD.   |   |   |                                      | ess HO Box Number is Not Accepta                       | ible)                                      |
| PU   | ANTATION FL 33324   |   | 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.  |   |   |                                      |  |  |
| agent. I an  | n familiar with, and accept the obligation                            |   |                                      |  | DATE                                       |
| 12.  | Signature types of strated name of registered agent an OFFICERS AND D | o man approved  | Registered / Inquire                 | ed when reinstating) ADDITIONS/CHANGES TO OFF          | ICERS AND DIRECTORS IN 12                  |
| TITLE  | Р   | DELETE  | 11 TiTLE                             |  | Change Addition   2                        |
| NAME<br>STREET ADDRESS   | Rosen, Douglas<br>2233 S. Kirkman Rd. #83                             |   | 1.2 NAME<br>1.3 STREET ADDRESS       |  |  |
| CITY-ST-ZIP  | ORLANDO FL 32811  | I DOUGTS  | 1 4 CiTY - ST - ZIP                  |  | Charge Addition                            |
| TITLE  |   | L DELFTE  | 2 1 TITLE<br>2 2 NAME                | •  |  |
| NAME<br>STREET ADDRESS   |   |   | 2 3 STREET ADDRESS                   |  |  |
| CITY - ST - ZIP  |   | DELETE  | 2 4 CITY - ST - ZIP<br>3 1 TIFLE     |  | Change Addition                            |
| TITLE<br>NAME  |   | L) been   | 3.2 NAME                             |  |  |
| STREET ADDRESS   |   |   | 3 3 STREET ADDRESS                   |  |  |
| CITY-ST-ZIP  |   | DELETE  | 3.4 CITY - ST - ZIP                  |  | Change Addition                            |
| TATLE<br>NAME  |   |   | 4 2 NAME                             |  |  |
| STREET ADDRESS   |   |   | 4.3 STREET ADDRESS                   |  |  |
| CITY - ST - ZIP  |   | DELETE  | . 4 4 CITY - ST - ZIP<br>- 5 1 TITLE |  | Change Addition                            |
| TITLE  |   | C Deterio   | 52 NAME                              |  |  |
| NAME<br>STREET ADDRESS   |   |   | 5.3 STREET ADORESS                   |  |  |
| CITY-ST-ZIP  |   | DOLETE  | 5 4 CITY - ST - ZIP                  |  | Change Addition                            |
| TITLE  |   | DELETE  | 6 1 TITLE<br>6 2 NAME                |  |  |
| NAME<br>STREET ADDRESS   |   |   | 6 3 STREET ADDRESS                   |  |  |
| CITY-ST-ZIP  |   | No. also Administration of the second of the          | 64 CITY - ST- ZIP                    | alify for the exemption stated in Section              | on 119.07(3)(k), Florida Statutes. 1       |
| CITY-ST-2IP  14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 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 further certify that the information supplied with this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if 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 further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I   |   |   |                                      |  |  |
| SIGNAT   | TURE:   | Dov   | glas Roser                           | President 7/18/4                                       | 6 407-292-5913                             |
| SIGNATURE:  SIGNAT |   |   |                                      |  |  |