FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081758 (3)

1. Corporation Name

AMERICAN CELLULAR RENTAL INC.

Principal Place of Business	Mailing Address
700 SE 32 CT. FORT LAUDERDALE FL 33316 US	700 SE 32 CT FORT LAUDERDALE FL 33316 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1993
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0452449 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

POZZUOLI, EDWARD J
[redacted]BEILLY & POZZUOLI
500 EAST BROWARD BLVD., SUITE 1460
FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 790 E. BROWARD BLVD
83 SUITE 200
84 City: FT. LAUDERDALE FL 85 Zip Code: 33301

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 X _______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE 4/28/95

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BERRY, CLIFFORD L
STREET ADDRESS	% 700 SE 32 CT.
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	PD
NAME	RULIEN, DAVID R
STREET ADDRESS	% 700 SE 32 CT.
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	BERRY, CLIFFORD L
STREET ADDRESS	% 700 SE 32 CT.
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	THIXTON, WILLIAM
STREET ADDRESS	% 700 SE 32 CT.
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	DSX
NAME	BURNETT, DAVID A
STREET ADDRESS	% 700 SE 32 CT.
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	T
NAME	DUKE, CLIFFORD F.
STREET ADDRESS	7000 S.W. 16TH STREET
CITY ST ZIP	PLANTATION, FL 33317

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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 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: [signature] President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (Date) 305-764-8533 (Daytime Phone #)

0225000 CP