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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400003738 (9)

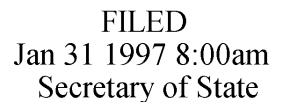
E-Z RENT A CAR, INC.

Principal Place of Business	Mailing Address

10122 TRILLIUMS DR. ORLANDO FL 32825

SIGNATURE:

10122 TRILLIUMS DR. ORLANDO FL 32825-8662





						01/14/1994		ate of Last H <b>05/1996</b>	epon
2. Pencipal Place of Business         28. Mailing Address           21]         26           Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27					4. FEI Number 59-3222538		Ap	oplied For of Applicable	
					5. Certificate of Status Desired		\$8.75 / Fee Re		
City & St. 23	City & State City & State					Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for			. 199.032,
24	25	29	30		·			No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered	Agent	
MEMARPOURI, MEHRDAD 10122 TRILLIUMS DR. ORLANDO FL 32825				81	Name				
			ŀ	82 Street Address (P.O. Box Number is Not Acceptable)					
			-	83					
			-	84	City		FL	<b>85</b> Zip (	Code
44 Durauar	to the gravisians of Castions 607 050	22 and 607 1609 Elorida State	too tho ob		nomod oor	poration submits this statement for the		t abancina it	n ragintarad
office of agent. I	r registered agent, or both, in the State am familiar with, and accept the oblig	o of Florida. Such change was jations of, Section 607.0505, F	authorized lorida Stati	d by utes	the corpora	acception's board of directors. I hereby acce	pt the app	pointment as	registered
	Signature, typico or printed name of registered ag			egA i	nt signature requ	lired when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TILE	PTD	DELETE	1.1 TIT	ſLĔ				Change	Addition
NAME	MEMARPOURI, MEHRDAD		1.2 NA	ME					
STREET ADDRESS			1.3 STI	REET	ADDRESS				
CHY+\$1+ZIP	ORLANDO FL 32825		1.4 CIT	TY-S	T-ZIP				
TITLE	VSD	☐ DELETE	2.1 717	ΓLE		<del>-</del>		Change	Addition Addition
NAME	REZAIE, ALIREZA		2.2 NA	ME					
STREET ADORESS	s   10122 TRILLIUMS DR.		2.3 STI	REET	ADDRESS				
CITY - ST - ZIP	ORLANDO FL 32825		2. 4 CI	ITY-S	ST-ZIP				
TILE		☐ DELETE	3 1 TIT			HIII		Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS					ADDRESS				
	<u> </u>								
CITY-S1-ZIP TITLE		DELETE	3.4 CI 4.1 TIT		1-211		<del></del>	Change	Addition
NAME		C) VECEN	4.2 N					CT cyrainge	Addition.
					- Interces				
STREET ADDRESS	`				ADDRESS				
CITY - ST - ZIP	··· <del>·</del>	l pro cre	4.4 CIT		r-ZIP		<del> </del>	Change	A A HISTORY
TITLE		☐ DELETE	5.1 TIT			•		Change	Addition
NAME			5.2 NA						
STREET ADDRESS	5				ADDRESS				
C(TY+S1+Z)P		The per	5.4 Cil		r-zip		<del></del>	- A	A 173 JUN 1
TITLE		☐ DELETE	6.1 TIT					Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS	s		6.3 ST	REET	ADDRESS				
CHY-S1-ZIP			6.4 C(1						
informat Lam an	tion indicated on this annual report or	supplemental annual report is ir the receiver or trustee empo	true and a wered to e	accu	irate and the	od in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect a	s if made un	der oath; that