

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000052346 (1)**

1. Corporation Name

ALL STATES RENT A CAR SALES OF FLORIDA, INC.



Principal Place of Business

**% ALFRED VISCOUNT
5655 SOUTH U.S. 1
FORT PIERCE FL 34982**

Mailing Address

**% ALFRED VISCOUNT
5655 SOUTH U.S. 1
FORT PIERCE FL 34982**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**NAVARETTA, STEPHEN
1100 SW ST. LUCIE WEST BLVD.
STE. 203
PORT ST LUCIE FL 34986**

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
VISCOUNT, ALFRED
5655 SOUTH U.S. 1
FORT PIERCE FL 34982**

☐ DELETE

TITLE
NAME
STREET ADDRESS
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13.

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97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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, or 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 once fully named with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED VISCOUNT

3-14-96

Date

CR2E034 (12/95)