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

. PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90248 027 ***150.00

DOCUMENT # P94000078998

RENT-A-RIDE OF PINELLAS COUNTY, INC.

Principal Place	of Business	Mailing Address				- (1881) 881 318 (811) 91611 48111 88111 98131 98131	16201 0110 0110	10101 1011 1001	
1135 PASADENA AVE S		1135 PASADENA AVE S				<u> </u>			
SUITE 160		SUITE 160 ST PETERSBURG FL 33707				DO NOT WRITE IN THIS SPACE			
ST PETERSBURG FL 33707		SI PETERSOURG PL 33/0/				3. Date Incorporated or Qualifed			
1						10/27/1994			l
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	plied For	
21		26				59-3275382	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	1	1
22 City & State		27City.&.State		- -		COT Floriday Comparing Financing		May-Be-	_ ~
<u> </u>		28	وجالته والتناسلين				. 00.00 Added te		==
Zip	Country	Zip	Countr	v		This corporation owes the current year li		0.000	l
24	25	29 30	_	,		Personal Property Tax.		□No	l
[24]	9. Name and Address of Current		<u> </u>			10. Name and Address of New Registered	d Agent		l
	J. 7121116 2212 7 1241 241 241 241 241 241 241 241 241 24		8	Name					ĺ
EHRENKRANZ, CAROL R			<u> </u>	2		(D.O. Davidson in Net Assessable)			
1135 SOUTH PASADENA AVE			82 Stre		Addres	ss (P.O. Box Number is Not Acceptable)			i
SUIT	E 160		83						
ST. PETERSBURG FL 33707			<u> </u>						1
	•		84	4 City		FI	L 85 Zip C	ode	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	it Florida. Such Change was auth	norizea b	v tne con	d corpor coration	ration submits this statement for the purpose on a board of directors. I hereby accept the approximation of the purpose of the	of changing its pintment as reg	registered gistered	
SIGNATURE					1	when reinstating) DATE		l	_ ا
Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS			Registered Agent signature required			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	å
12.	D OFFICERS AND	DELETE 1.11			Т	ADDITIONAL PROPERTY OF THE PRO	Change	Addition	7
NAME	EHRENKRANZ, CAROL	_		NAME					3
STREET ADDRESS	ALOS DAGADENIA ANT O CHIEF ACC			1.3 STREET ADDRESS					6
- 1	ST PETERSBURG FL 33707			1.4 CITY-ST-ZIP					្តែ
CITY-ST-ZIP			2.1 TITLE		1		☐ Change	Addition	رز
NAME	PETERMANN, KENNETH		2.2 NAME	2.2 NAME					
STREET ADDRESS	4937 99 WAY NORTH		2.3 STRE	ET ADDRESS	,				١
CITY-ST-ZIP	ST. PETERSBURG FL			2. 4 CITY-ST-ZIP			•	•	
TITLE		DELETE ,	3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME	<u>-</u>	يححر				ححا
STREET ADDRESS			3.3 STRE	ET ADDRESS	3				
CITY-ST-ZIP	•		3.4, CITY				_]
TITLE		☐ DELETE	4.1 TITLE		1		☐ Change	☐ Addition	Ì
NAME			4. 2 NAM	E					
STREET ANDRESS			4.3 STRE	ET ADDRESS	,				1

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of 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 changes or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

Change

Change

☐ Addition

Addition