## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

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9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1998

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ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000006967 (0)

QUALITY AUTO RENTAL RESALES, INC.

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RIES, LAURIE

603A ROSELAND DRIVE

WEST PALM BEACH FL 33405

Principal Place of Business Mailing Address 603A ROSELAND DR P.O. BOX 18643 WEST PALM BEACH FL 33405 WEST PALM BCH FL 23416 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1**99**5 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-0552938 Suite, Apt #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible

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.

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83 84 City

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (2/68)12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE \_\_\_ Change \_\_\_ Addition NAME RIES. LAURIE 1.2 NAME **164 ARLINGTON RD** STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL 33405** CITY-ST-ZiF 1.4 CITY-ST-ZIP TITLE DELETE 2.13IILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 41TITLE Chann Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 0 TITLE 5.17ITLE [ \_] DELETE Change 4000026316**3**4 -09/04/98--01001--044 NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Addition NAME 6.2 NAME STREE! ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 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 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 changed, or on an attachment with an address.

126/90 NI)712

**FILED** 

Sep 02 1998 8:00am

Secretary of State

Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Yes

Not Applicable

CR2E034

August 26, 1998

To Whom it May Concern,

On January 12, 1998 I issued check # 1476 in the ammount of \$150.00 made payable to Department of State. To date no record is found of this payment. I contacted my bank and they have no record of check #1476 being cashed. Please accept my replacement check for filing fee. If you have any questions please contact me at (561)762-6860.

Sincerety, Laurie Ries