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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000013635 (4)

Corporation Name ATLANTIC VEHICLE RENTAL, INC.



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Principal Place of		=		mu					
17 LAKE JULIA PONTE VEDRA		17 LAKE JULIA DR. SOUTH PONTE VEDRA BEACH FL 32082							
TONIC TEORIS	, DENVI, 12 02332					3. Date Incorporated or Qualified 02/16/1995	3a. Date of 2. /		port 1995
2. Principal Plac	e of Business	2a. Mailing A	ddress			4. FLI Number		A	pplied For
Philipal Flade of Edsiless		26				59-3301569 Not Applicate			
Suite, Apt. #,	etc.	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired			Additional lequired
2		27				6. Election Campaign Financing			May Be
City & State		City & Str	are			Trust Fund Contribution			to Fees
3	Country	Zip		Country	<u> </u>	8. This corporation has liability for		inder s	199.032,
4	25	29		30			No No	<u>, </u>	
	9. Name and Address of Cur	rrent Registered Age	ent		т	10. Name and Address of New I	legistered Ag	ent	
				61	Name				
ROGERS	, Joseph W		82 Street Ac		Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
17 LAKE JULIA DR. SOUTH					,				
PONTE \	/EDRA BEACH FL 32082			83				1 -	
				64	City		FL	85 Zq:	Code
familiar with									
CICNIATUDE	ignature, byped or proved name of registered a	agent and the if applicable	ICA)	E. Boyelorad Age	r tis gnatiline require	s when renetating)	DATE		50.01.40
SIGNATURE s	ignative, typed or prived name of registered a OFFICERS	AND DIRECTORS		13.	r	stweeterstatings ADDITIONS/CHANGES TO OF	FICERS AND D		
SIGNATURE s	OFFICERS D	AND DIRECTORS	TCM ₀	13. 1 1 TIFLE		ADDITIONS/CHANGES TO OF	FICERS AND D		
SIGNATURE S 12. HILE NAME	D ROGERS, JOSEPH W	AND DIRECTORS		13. 1 1 TITLE 1 2 NAME		ADDITIONS/CHANGES TO OF	FICERS AND D		
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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)(ii), Fronda Statutes. I furnished and does not qualify for the exemption indicated on this innual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under earth; 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:

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 904 285-340