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FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000017342 (3)

1. Corporation Name
ANNE'S CAR RENTAL INC.

Principal Place of Business
6491 S.E. FEDERAL HIGHWAY
STUART FL 34997

Mailing Address
6491 S.E. FEDERAL HIGHWAY
STUART FL 34997-8312



3. Date Incorporated or Qualified
03/01/1995

3a. Date of Last Report
05/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3299147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, ANNE
6491 S.E. FEDERAL HIGHWAY
STUART FL 34997

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D WALLACE, ANNE
6491 S.E. FEDERAL HIGHWAY
STUART FL 34997

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12 NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

13 STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

22 NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

23 STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

32 NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

33 STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

42 NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

43 STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

52 NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

53 STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

62 NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

63 STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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:

ANNE WALLACE
ANNE WALLACE

1/3/97

(561)

888-0516

Date

Daytime Phone #

0472573

CR2E034 (9/96)