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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000069633 (2)

ALL STATES RENT A CAR SALES OF STUART, INC.

Principal Place of Business Mailing Address 1100 S.W. ST. LUCIE WEST BLVD. 1100 S.W. ST. LUCIE WEST BLVD. SUITE 203 SUITE 209 PORT ST. LUCIE FL 34986 PORT ST. LUCIE FL 34986 3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired \Box 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NAVARETTA, STEPHEN ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 1100 S.W. ST. LUCIE WEST BLVD. SUITE 203 83 PORT ST. LUCIE FL 34986 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRESIDENT/DIRECTOR DELETE 1 1 TITLE Change Addition NAME AL VISCOUNT 1.2 NAME CR2E034 STREET ADDRESS 5655 South U.S. One 1.3 STREET ADDRESS Pt. Pierce, Florida 34982 CITY - ST-ZIP 1.4 CITY - ST - ZIP DILE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE Change 3 1 TITLE Add tion NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3 4 CITY-ST-ZIP TITLE ☐ DELETE 4. 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST-ZIP TATLE DELETE 5 1 TITLE Change Addition

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 as attachment with an address.

52 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

107 468. 2080

Change

Addition