FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS P95000083073 (3) **DOCUMENT #**

····	AIN RENTAL CAR, INC.	Mailing Address	·· · · · · · · · · · · · · · · · · · ·		
Principa' Place of Business 6601 OLD CHENEY HIGHWAY ORLANDO FL 32807		6601 OLD CHENEY HIGHWAY ORLANDO FL 32807			
				3. Date incorporated or Qualified 3a. 10/26/1995	Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. #, etc.		Suite Apt. #, etc		59-334676	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for intangi	
24	25 9. Name and Address of Curre	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30	Florida Statutes V Yes 10. Name and Address of New Registe	
	.		81 Name		- I I I I I I I I I I I I I I I I I I I
KAISER, JOHN P 6601 OLD CHENEY HIGHWAY			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
			62 Street A	ggress (F.O. DOX Number is Not Acceptable)	
ORLAN	DO FL 32807		83		
			84 City		85 Zip Code
				poration submits this statement for the purpose of	FL
SIGNATURE	n, and accept the obligations of, Sociative types or perfect on a of register lag-	olandth dappion - (b	OF Programmed Age (Languar) are the		ATT
12.	PVST OFFICERS AF	ND DIRECTORS	13.	ADDITIONS CHANGES TO OFFICERS	AND DIRECTORS IN 12
NAME	KAISER, JOHN P	LJ DICEIE	1.2 NAME		AND DIRECTORS IN 12 Change Addition
STREET ADDRESS	6601 OLD CHENEY HIGH	NAY	1.3 STREET ADORESS		6
CITY-ST-ZIP	ORLANDO FL 32807		1.4 CHY+ST-ZIP		
TITLE	D	☐ DELETE	2 1 TillE		Change Addition
NAME	KAISER, JOHN P		2.2 NAME		
STREET ADDRESS	6601 OLD CHENEY HIGH	WAY	2 3 STREET ADORESS		
CITY-ST-ZIP	ORLANDO FL 32807		24 CITY - ST - ZIP		
IIIrE		☐ DECETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1 - ZIP		DELETE	3.4 CHY ST ZIP 4.1 Tifue		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CHY - ST-7IP		
TITLE	and the state of t	☐ DELETE	5 1 THILE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5/3 STREE* ADDRESS		
CITY-S1-ZIP	······································		5.4 CHY+ST-ZIP		
TITLE		☐ DELET€	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADOPESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing is voluntarily formshed and does not qually for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this arrived export or supplemental arrived 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

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

ANGURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DU ECTOR