

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000090854 (7)**

1. Corporation Name  
**MAGIC RENT A CAR, INC.**



Principal Place of Business: **201 W. CANTON AVENUE SUITE 150 WINTER PARK FL 32789**  
Mailing Address: **201 W. CANTON AVENUE SUITE 150 WINTER PARK FL 32789**

2. Principal Place of Business: **21 2911 McCoy Road**  
Suite, Apt. #, etc.:  
22 City & State: **23 Orlando**  
Zip: **24 32812** Country: **25 USA**  
2a. Mailing Address: **26 2911 McCoy Road**  
Suite, Apt. #, etc.:  
27 City & State: **28 Florida**  
Zip: **29 32812** Country: **30 USA**

3. Date Incorporated or Qualified: **11/27/1995** 3a. Date of Last Report:  
4. FCI Number: **59-3356845** 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: **HEINKEL, R. LAWRENCE 201 W. CANTON AVENUE SUITE 150 WINTER PARK FL 32789**  
10. Name and Address of New Registered Agent: **81 Name: Douglas P. DeVoogel 82 Street Address (P.O. Box Number is Not Acceptable): 2911 McCoy Road 83 84 City: Orlando, FL 85 Zip Code: 32812**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **President** DATE: **3/14/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DEVOOGEL, DOUGLAS P</b>		12 NAME: <b>DeVoogel, Douglas P.</b>	
STREET ADDRESS: <b>3538 BOCAGE DRIVE, APT. 805</b>		13 STREET ADDRESS: <b>6724 Scimitar Avenue</b>	
CITY-ST-ZIP: <b>ORLANDO FL 32812</b>		14 CITY-ST-ZIP: <b>Orlando, FL 32812</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MILFORDL, COURTNEY W</b>		22 NAME:	
STREET ADDRESS: <b>5102 ROUND TREE COURT</b>		23 STREET ADDRESS:	
CITY-ST-ZIP: <b>ORLANDO FL 32819</b>		24 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY-ST-ZIP:		34 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 CITY-ST-ZIP:	

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)(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 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 in an attachment with an address.

SIGNATURE: *[Signature]* **3/14/96** (407) 857-1999  
NAME OF SIGNING OFFICER OR DIRECTOR: **Douglas P. DeVoogel, President/Director**

CR2E034 (12/95)