

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morlham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000090854 (7)**  
 1. Corporation Name  
**MAGIC RENT A CAR, INC.**



Principal Place of Business <b>2911 MCCOY ROAD ORLANDO FL 32812 US</b>	Mailing Address <b>2911 MCCOY ROAD ORLANDO FL 32812 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>11/27/1995</b>	
4. FEI Number <b>59-3356845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DOUGLAS P DEVOOGEL**  
**2911 MCCOY ROAD**  
**SUITE 150**  
**ORLANDO FL 32812**

10. Name and Address of New Registered Agent

81 Name **LISA MARIE DEVOOGEL**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2911 McCoy Rd**  
 83  
 84 City **Orlando, FL** 85 Zip Code **32812**

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 *Lisa Marie Devoogel* DATE **1/10/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>DEVOOGEL, DOUGLAD P</b>	
STREET ADDRESS	<b>6724 SCIMITR AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MILFORDL, COURTNEY W</b>	
STREET ADDRESS	<b>5102 ROUND TREE COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D - President</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>LISA MARIE DEVOOGEL</b>		
1.3 STREET ADDRESS	<b>6724 SCIMITR AVE</b>		
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32812</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *Lisa Marie Devoogel*

CR2E034 (10/97)