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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 10 1997 8:00am

Secretary of State

712-867-8383

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000017767 (0)

AVIS MONEY NET (FLORIDA) INC.

420 lung - Mo, 575414

MY,MY, 16170

NAME

STREET ADDRESS

SIGNATURE:

Principal Place of Business Mailing Address 420 LEXINGTON AVENUE 420 LEXINGTON AVENUE SUITE 414 SUITE 414 NEW YORK NY 10170 NEW YORK NY 10170-0414 3. Date Incorporated or Qualified 02/27/1996 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 123875970 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 ☐ Yes 🔯 No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 81 Name 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 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 farmer with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type dior 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 (96/6) ☐ DELETE TITLE 1.1 TITLE Change NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Oily-St-ZiP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME 576 3328 STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Offn - \$1 - 709 DELETE THLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CHY-\$1-7IP 34. CITY-ST-ZIP TOLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME - MB, STE 414 5 IREEL ADDRESS 43 STREET ADDRESS City - St - ZiP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE WAITER M. (ALLATIE 51 TITLE NAME 5.2 NAME 420 WHIT ME, 578 414 STREET ADDRESS 5.3 STREET ADDRESS New York, MY 10170 CHY-ST-ZiP 54 City-St-ZIP 16 A. Newshitz UP Sentry DELETE Addition THILE 61 TITLE

6.2 NAME

14. I do hereby cert ly 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 corpolation 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 Blot 13 if chapter, or an attachment with an address.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 3 STREET ADDRESS