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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021113 (1)

KING AUTO RENTALS, INC.

Principal Place of Business Mailing Address 8631 ACOMA DRIVE 8631 AÇOMA DRIVE ORLANDO FL 32829 ORLANDO FL 32829 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1996 FEI Number Applied For Colonial Da 59-3363108 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible 7 25 ORANGE 29 328/ 9. Name and Address of Gurrent Registered Agent Dra Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 81 Name GOMEZ, LUIS F JR. 1500 S. SEMORAN BLVD. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32807 63 64 Zip Code If Sections 607.0502 and 607.150 or both, in the State of Florida, Suid accept the obligations of, Soci Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.0505, Florida Statutes. 11. Pursuant to the provisions registered ageg profed name of jagestered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Addition 1.1 THEF Change DIEZ, JOSE F NAME 1.2 NAME 8631 ACOMA DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32829 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TIFLE Change DIEZ, ALICE M NAME 2.2 NAME 8631 ACOMA DRIVE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32829 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADORESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 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 of an attachment with an address.

SIGNATURE:

4-79-98

FILED

May 11 1998 8:00am

Secretary of State