## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099672 (3) ENCORE RENT-A-CAR, INC.												omerek Fir unu ladi	
Principal Plac	ce of Busines	Ma	Mailing Address						))				
	AST 17 STREE RDALE FL 33:			501 SOUTHEAST 17 STREET FORT LAUDERDALE FL 33316									
10111 51055	TOTAL TE OUT		• • •	on exoperionce re	00010			L	DO NOT WRITE	IN THIS S	PACE		
								İ	3. Date Incorporated or Qualified	3a. Dal	te of Last R	leport	
2. Principal F	Place of Busin	ness	2a. Mailing Address					$\dashv$	12/10/1996 4. FEI Number		TAI	pplied For	
21			26						65-0711694		<del></del>	ot Applicable	
Suite, Apt	. #, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired		• -	Additional equired	
City & Sta	te			City & State					6. Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Zip Country			Zip Country					Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year intangible				
24	25			29 30			· 		Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED							Name		10. Name and Address of New Re	gistered A	gent		
	BALMERIA :												
		S FL 33134					Street Ad	eet Address (P.O. Box Number is Not Acceptable)				Ì	
										<del></del> _			
							City			——————————————————————————————————————	<b>85</b> Zip	Code	
44 Durayant	7 1509 Elorida Stat	utoc the s				ation submits this statement for the	FL		to recistered				
office or	registered ap	gent, or both, in the State ith, and accept the obliga	of Florio	da. Such change was	s authorize	ed be	y the corpor	ration	i's board of directors. I hereby acce	pt the appo	intment as	registered	
SIGNATURE	Signature furned	or printed name of registered ager	al and litte i	if applicable /Nf	OTF Benister	ed Am	on' signature tor	ouired s	when reinstating)	DATE			
12.		OFFICERS AND		TORS	13.		on agrador to	quita i	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12	
TITLE	PSTD	ALUE A		DELETE	1.1 T	TLF					Change	Addition	
NAME		JANIEL G JTHEAST 17 STREET				MAME						į	
STREET ADDRESS CITY-ST-ZIP		AUDERDALE FL 33316			1		ADDRESS						
TITLE	V			DELETE	2.17		ST-ZIP		<del></del>		Change	Addition	
NAME		IIS, JEAN-MARIE G			2.2 N	IAME	ļ				•		
STREET ADDRESS		JTHEAST 17 STREET				2.3 STREET ADDRESS							
CITY-ST-ZIP	FORT LA	AUDERDALE FL 33316		T SCIERCE	_		S1-ZIP		<u></u>		<del></del>		
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CITY-ST-ZIP	]				1	1	ST-ZIP						
TITLE				☐ DELETE	4.1 T	1					Change	Addition	
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CITY-ST-ZIP TITLE				DELETE	4.4 C 5.1 T	<u>Y-S</u> ! E	ST-ZIP				Change	Addition	
NAME					5.21					'	onengo		
STREET ADDRESS	J				5.3 \$	1	ADDRESS					]	
CITY-ST-ZIP	L	····	<u>.</u>		5.41	/ - S	ST - ZIP						
TITLE				☐ DELETE	6.1	€			<del>_</del>		Change	☐ Addition	
NAME	Į.				6.2	IE						Į.	
STREET ADDRESS	1				6.3		ADDRESS						
CITY-ST-ZIP	by certify that	t the information supplied	with thi	is filing does not qua	6.4 ulify for th	ćе	ST-ZIP Emption stat	ted in	Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
informatic	on indicated a	on this annual report or suctor of the corporation or ir Block 13 if changed or	innlemo	ontal annual report is	true ani	30	urate and th	nat my	y signature shall have the same lega s required by Chapter 607, Florida 8	al effect as	if made un	der oath; that	

FILED Aug 26 1997 8:00am Secretary of State