

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000006904 (1)
 1. Corporation Name
RENTAL CORP. OF AMERICA



Principal Place of Business 2924 CREEKWOOD DRIVE CANTONMENT FL 32533	Mailing Address 2924 CREEKWOOD DRIVE CANTONMENT FL 32533
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9323 E. 37th Street North Suite, Apt. #, etc.		2a. Mailing Address 26 9323 E. 37th Street North Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/23/1997	
22. City & State 23 Wichita, Kansas		27. City & State 28 Wichita, Kansas		4. FEI Number 59-3425250	
24. Zip 67226		25. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29. Zip 67226		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent TAYLOR, MICHAEL S 2924 CREEKWOOD DRIVE CANTONMENT FL 32533				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TAYLOR, MICHAEL S 2924 CREEKWOOD DRIVE CANTONMENT FL 32533				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, MICHAEL S		1.2 NAME	
STREET ADDRESS 2924 CREEKWOOD DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP CANTONMENT FL 32533		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Treasurer & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Marvin O. Long	
STREET ADDRESS		2.3 STREET ADDRESS 14911 Sharon Lane	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Wichita, Kansas 67230	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Brenda J. Butler	
STREET ADDRESS		3.3 STREET ADDRESS 9323 E. 37th Street North	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Wichita, Kansas 67226	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Michael W. Dart	
STREET ADDRESS		4.3 STREET ADDRESS 1201 Deerwood Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Destin, Florida 32541	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Marvin O. Long* 4/29/98 (316) 634-3362

CF2E034 (10/97)