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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 27 1998 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700007687 (1)

**1ST CHOICE CAR RENTAL INCORPORATED** 

	<del></del> .					-		
Principal Place of Business Mailing Address						t and the same taken dere dette dere dette dere dette the	Biff Birth: 40	******************
5525 PHILLIPS HAY P.O. BOX 48023 JACKSONVILLE FL 32207 JACKSONVILLE FL 32247-8023								
JACKSONVIL	LE PL 32AU/	JACKSONVILLE FL 3	JACKSONVILLE FL 32247-8023			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						01/21/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Aı	oplied For
21		26				59-3420693	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & State		City & State					Fee Re	
23 City & State	9					8. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be
Zip	Country	28     Zip	Cou	ntry		This corporation owes or has paid the current		
24	25	29	30			Personal Property Tax due June 30.	-	ia⊓gibie ∃No
	9. Name and Address of Curre					10. Name and Address of New Registered Age		
TO	OLEY, JUANTEZ A			81	Name			
140 E. 45 STREET				82 Street Address (P.O. Box Number is No		ss (P.O. Box Number is Not Acceptable)		
JA	CKSONVILLE FL 32208					od (1:0. Box 140//Bor 16 140/ 1400 plable)		
				83				
			ľ	84	City	la la	5 Zip (	Code
				[ ]	J.,	FL  °	• E.P.	0000
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (	NOTE: Registered	J Age	n) signature required	J when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	S IN 12
TITLE	PS DELETE		1.1 Til	ſL€			Change	Addition
NAME	TOOLEY, JUANTEZ A		1.2 NA	MŁ				
STREET ADDRESS	140 E. 45 STREET		1.3 ST	AEET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208		1.4 CC		T-ZIP			
TITLE		☐ DELETE	21 Til			Ц	Change	Addition
NAME			22 NA	-				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE				2.4 City-St-ZiP 3.1 Title			Change	Addition
NAME		_ vater	3.1 III				Juliyo	L AUGILON
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4. Ci					
TITLE		DELETE	4.1 111				Change	☐ Addition
NAME			4. 2 N	AME		<del></del>	•	_
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4.4 CI					
TITLE		DELETE	5.1 TIT				Change	Addition
NAME			5.2 NA	ME				
STREET ANDRESS			5 2 CT	DEET	ADDRESS			

14. Thereby 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.

5.4 CITY - S1 - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE