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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017196 (1)

**FILED** Jun 03 1998 8:00am Secretary of State

CAPITAL RENT A CAR OF TAMPA, INC.	1818 (Bris Str. 1881	
Principal Place of Business Mailing Address IIIIIIIII IIII IIIII IIIII IIIII IIIII IIII	1842 1847 <b>8</b> 8411 18 <del>8</del> 1	
4806 SPRUCE STREET P.O. BOX 25302		
TAMPA FL 33622 TAMPA FL 33622 DO NOT WRITE IN THIS SPACE	-	
3. Date Incorporated or Qualified		
02/24/1997		
2 Principal Place of Business 2 Mailing Address 4 FEI Number	Applied For	
26 59-3429312	Not Applicable	
─────────────────────────────────────	5, Certificate of Status Desired S8.75 Additional Fee Regulred	
	<del></del>	
- J	5.00 May Be dded to Fees	
Zip Country Zip Country 8. This corporation owes or has paid the current ye		
24 25 29 30 Personal Property Tax due June 30. Yes	K No	
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		
STEINBERG, PAUL B		
767 ARTHUR GODFREY RD. 82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI BEACH FL 33140 4606 W. Sprice St		
83 Tampa	İ	
84 City 85	Zip Code	
The Discount to the province of Sections 607 0602 and 607 1608 Statutes the phase gamed compression to the purpose of change	33601	
11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of change of 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 of the purpose of	ent as registered	
agent I am familiar with, and accept the obligations of, Section/607.0505, Florida Statutes.		
SIGNATURE Signature typic or production and or registered apply above (NOTE Registered Agent signature required when reinstating)  DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE DP DELETE 1,1 THLE	lange Addition	
NAME GONZALAEZ, LEO JOSHUA 1.2 NAME	ļ	
STREET ADDRESS 4606 SPRUCE STREET 1.3 STREET ADDRESS	}	
CITY-ST-ZIP TAMPA FL 33622 1.4 CITY-ST-7IP	ange Dadrien	
	ange 🔲 Addition	
NAME GARIP, MOSES JR. 22 NAME	Ţ	
STREET ADDRESS 4806 SPRUCE STREET 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP 24 CITY-ST-ZIP 25 CITY-ST-ZIP 25 CITY-ST-ZIP 25 CITY-ST-ZIP 25 CITY-ST-ZIP 25 CITY-ST-ZIP 25 CITY-ST-ZIP 26 CITY-ST-ZIP 27 CITY-ST-ZIP	ł	
TOTAL DELETE STRUCK	nange Addition	
NAME Jean Gonzalez		
NAME 32 NAME TEAN GONTALEZ 33 STREET ADDRESS 4606 W. Spruce St	İ	
017Y-ST-ZIP Tamra 7 33607	[	
TITLE DELETE 4.1 TITLE	ange Addition	
NAME 4. 2 NAME	1	
STREET ADDRESS 43 STREET ADDRESS	1	
CITY-ST-ZIP , 4.4 CITY-S1-ZIP		
TITLE S.1 TITLE S.1 TITLE	ange L Addition	
NAME 5.2 NAME	,	
STREET ADDRESS 53 STREFT ADDRESS		
CITY-ST-ZIP	ange Addition	
TITLE LIDELER 61THE 40002549184		
NAME  \$70002549184  \$70002549184  \$70002549184  \$70002549184  \$70002549184  \$70002549184  \$70002549184  \$70002549184	, .	
STREET ADDRESS 63 STREET ADDRESS 010 010 010 010 010 010 010 010 010 0	(O. D.)	
CITY-ST-ZIP 第第第五句[]。UU	(C) (S)	

indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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:

Man Donald