OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 14, 1999 8:00 am
Secretary of State
09-14-1999 90002 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035821
Corporation Name
441 CAR RENTAL, INC.

Principal Place of Business	Mailing Address
30 N STATE ROAD 7 RT LAUDERDALE FL 33319	5360 N STATE ROAD 7 FORT LAUDERDALE FL 33319

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified: 04/22/1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number: 65-0747018	☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year *Intangible Personal Property.* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

WALROND, TREVOR
5360 N STATE ROAD 7
FORT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D WALROND, TREVOR 5360 N STATE ROAD 7 FORT LAUDERDALE FL 33319	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
D WALROND, ROSLYN 5360 N STATE ROAD 7 FORT LAUDERDALE FL 33319	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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: K Walrond 9-8-99 954-7353905

P97000035821
614877

Lic. 521

Hi-Tech
COLLISION INC.
PAINT & BODY SHOP

9-8-99.

Dear Sir / Madam,

This is in regards to my Corporation Annual Report - FEI # 65-0747018.

After carefully looking through my files, I realized I never received the initial report until the 2nd notice was sent.

Enclosed is a copy of my FedEx slip as to when my filed report was sent for Hi-Tech Collision. The report would also have been sent for 441 Car Rental at the same time if I did have it.

Any questions regarding this or please do not hesitate to call or fax at #s listed below

Sincerely
K Walrond
Roslyn Walrond

5360 N. State Rd. 7 • Ft. Lauderdale, Florida 33319 • 954-735-3905 / Fax 954-735-6698

P97000035821
614877

FedEx USA Airbill FedEx Tracking Number 810102336225

Form I.D. No 0200

From (please print and press hard) 4-29-98

Sender's FedEx Account Number 1949-0164-0

Rosalyn

Phone 954 735 3905

Hi-Tech Collision

5360 N SR 7

Ft. Lauderdale State FL ZIP 33319

Your Internal Billing Reference Information (First 24 characters will appear on invoice)

To (please print and press hard)

Phone 850 488-9000

Division of Corporations

409 E Gaines St

Check here if residence (Extra charge applies to FedEx Express Saver)

To HOLD at FedEx location, print FedEx address here (We Cannot Deliver to P.O. Boxes or P.O. ZIP Codes) Dept/Floor/Suite/Room

Tallahassee State FL ZIP 32399

For HOLD at FedEx Location check here
- Hold Weekday (Not available with FedEx First Overnight)
- Hold Saturday (Not available at all locations) (Available for FedEx Priority Overnight and FedEx 2Day only)

For WEEKEND Delivery check here (Extra Charge. Not available to all locations)
- Saturday Delivery (Available for FedEx Priority Overnight and FedEx 2Day only)
- Sunday Delivery (Available for FedEx Priority Overnight only)

Conditions, Declared Value, and Limit of Liability – By using this Airbill, you agree to the service conditions in our current Service Guide or U.S. Government Service Guide. Both are available on request. SEE BACK OF SENDER'S COPY OF THIS AIRBILL FOR INFORMATION AND ADDITIONAL TERMS. We will not be responsible for any claim in excess of $100 per package whether the result of loss, damage, or delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss in a timely manner. Your right to recover from us for any loss includes intrinsic value of the package, loss of sales, interest, profit, attorney's fees, costs, and other forms of damage, whether direct, incidental, consequential, or special, and is limited to the greater of $100 or the declared value but cannot exceed actual documented loss. The maximum declared value for any FedEx Letter and FedEx Pak is $500. Federal Express may, upon your request, and with some limitations, refund all transportation charges paid. See the FedEx Service Guide for further details.

4a Express Package Service Packages under 150 lbs. Delivery commitment may be later in some areas.
- [x] FedEx Priority Overnight (Next business morning)
- [ ] FedEx Standard Overnight (Next business afternoon)
- [ ] FedEx First Overnight (Earliest next business morning delivery to select locations)
- [ ] FedEx 2Day (Second business day)
- [ ] FedEx Express Saver (Third business day)

FedEx Letter Rate not available. Minimum charge: One pound rate

4b Express Freight Service Packages over 150 lbs. Delivery commitment may be later in some areas.
- [ ] FedEx Overnight Freight (Next business day)
- [ ] FedEx 2Day Freight (Second business day)
- [ ] FedEx Express Saver Freight (Up to 3 business days)

(Call for delivery schedule. See back for detailed descriptions of freight services.)

5 Packaging
- [x] FedEx Letter (Declared value limit $500)
- [ ] FedEx Pak
- [ ] FedEx Box
- [ ] FedEx Tube
- [ ] Other Pkg.

6 Special Handling (One box must be checked)
Does this shipment contain dangerous goods?* [ ] No [ ] Yes As per attached Shipper's Declaration [ ] Yes Shipper's Declaration not required
- [ ] Dry Ice Dry Ice, 9, UN 1845 ___ x ___ kg
- [ ] Cargo Aircraft Only

*Dangerous Goods cannot be shipped in FedEx packaging

7 Payment
Bill to: [x] Sender (Account No. in Section 1 will be billed) [ ] Recipient [ ] Third Party [ ] Credit Card [ ] Cash/Check
(Enter FedEx Account No. or Credit Card No. below)

FedEx Account No.
Credit Card No. Exp Date

Total Packages	Total Weight	Total Declared Value*	Total Charges
		$ .00	$

*When declaring a value higher than $100 per shipment, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information.

8 Release Signature

Your signature authorizes Federal Express to deliver this shipment without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any resulting claims.

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