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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 27 1998 8:00am

Secretary of State

1998
DOCUMENT # P9

SIGNATI IRF:

P97000071213 (7)

QUALITY RENT A CAR, INC.

Principal Place of Business Mailing Address 750 FLEET FINANCIAL COURT 750 FLEET FINANCIAL COURT LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes □Ño 29 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED Towers 343 ALMERIA AVENUE 82 Street Addr O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** SOrings 83 3ン779 City 84 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 office or registered agent, or both, in the State of Florida Such of agent. Lam familiar with, and account the obligations of Section 6. 2-12-98 TOWERS Michael SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11 TITLE Change Addition towers, Michael F NAME 1.2 NAME 750 FLEET FINANCIAL COURT 161 Palm Springs Rd STREET ADDRESS 1.3 STREET ADDRESS FL 3277 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE ☐ Change ___ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADORESS** CITY-ST-ZIP

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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attaching it with an application.

2-12-98

417. 834. 8400