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PROFIT CORPORATION ANNUAL REPORT 1999	FLOR				
DOCUMENT # PO	8000063422				
A DISCOUNT AUTO RENT	AL OF NAPLES, INC.				
Principal Place of Business	Mailing Addres				
2070 GOLDEN GATE BOULEVARD WEST	2070 GOLDEN (
NAPLES FL 34116	NAPLES FL 341				
2. Principal Place of Business	2s. Mailing Add				
21	26				
Sulte, Apl. #, etc.	Sulte, Apt.				
City & State	City & State				
23)	28				
Zip Country					
24] [25]	[29]				
9. Name and Addre	s of Current Registered Agent				
AMERILAWYER 343 ALMERIA AVENUE CORAL GARLES EL 33134	1				

FLORIDA DEPARTMENT OF STATE
Matharina Manda

DIVISION OF CORPORATIONS

Mailing Address

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A CONTRACTOR OF THE PARTY OF TH

			NAPLES FL 34116						
10 220 . 2 -						DO NO	T WRITE IN TH	HIS SPACE	
					3.	Date Incorporated or Q 07/20/1998	ualifed		
2. Principal F	Hace of Business	2a. Mailing Address			4.	FEI Number		A	oplied For
21		26			\	1528-62	V5P,		lot Applicable
Suite, Apt.	#, etc.	Sults, Apt. #, etc.							Additional
22		27			<u>5</u> .	Certificate of Status Des	ired []		equired
City & Stat	le	City & State			6.	Election Campaign Fina	ocina -	\$5.00	Мау Ве
23		28			1	Trust Fund Confribution	- 11	Added	to Fees
Zip	Country	Zip	Cour	יעטר	8.	This corporation owes the	ne current year	Intangible	
24	25	29 3			Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent				Name and Address of	New Registers	d Agent	
	THE ALLACED			B1 Nan	、ないと	waff s	2 00		
	:RILAWYER ALMERIA AVENUE		}	82 Stre	et Address (P	Q. Box Number is Not A			
			1		<u> </u>	Q. Box Number is Not A	174	9r10 A	~
· · · ·	IAL GABLES FL 33134		- 1	83					ł
'			}	84 City				. 85 -Zip	Code
<u>. </u>			- 1	1"	1 Boal 1	, es	F	= 1 1	Codo
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	. the ab	MIG. TIEM	ad corporation	submits this statement	or the purpose	of changing its	registered
agent. 1 a	egistered egent, or both, in the State of m familiar with, and accept the obligation	one of Section 607.0505, Florid	norzeo Ja Statul	tes.	Aporation & DO	ard of Girectors. I fiction)	accept the abt	Callinean at le	iĝizteren l
SIGNATURE	Howard C. 14	ensel How.	ARD	$\mathcal{C} \cdot t$	JENSE (L	3-17-9	79	1
	Signature, typed or priviled name of registered agent a			igent signati	re required when re		DATE		
12.	OFFICERS AND		13.		<u>^</u>	ADDITIONS/CHANGES 1	O OFFICERS		
TITLE	PD	☐ DELETÉ	1.1 mm		ļ			☐ Change	Addition
NAME	HENSEL, HOWARD C	DD MEAT	1.2 NA		})
STREET ADDRESS	2070 GOLDEN GATE BOULEVAR	KD WESI		EET ADDRES	58				
CITY-ST-ZIP	NAPLES FL 34116	☐ DELETE		Y-ST-ZP				[] Change	[] Addition
TITLE	STD	- Detere	21 TM		- 1			□ cosuge	
NAME	WISDOM, LARRY M	DD INFOT	22 1444	-	1				
STREET ADDRESS	2070 GOLDEN GATE BOULEVAR	HU WEST		EET ADDRES	ss ,		-		}
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				26 1 AUIONE: 1- ST-ZDP	~ }				ł
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NAME		_ percit	62 NAM	-				1700	\ <u>\\</u>
				EET ADORES	l			ヘルカリ	\
STREET ADDRESS			0.3 3 K	LE PAUL PRES	33 }			Ble	į

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and shart my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee ampowered 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, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES ON PRAMES OF SIGNING OFFICER ON MISCOOK.

Degree Prices 8