

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90166 025 ***150.00

DOCUMENT # P98000098683

1. Corporation Name

PRaise/MARLIN AUTO RENTAL, INC.



Principal Place of Business

3739 N.W. 25TH STREET
MIAMI FL 33142

Mailing Address

3739 N.W. 25TH STREET
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1998

4. FEI Number

65-0878002

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FARRELL, RICKEY L
1595 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

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

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ANGLIN, LENWORTH
STREET ADDRESS 72 HALF WAY TREE ROAD
CITY-ST-ZIP KINGSTON 10, JAMAICA WI

TITLE D ☐ DELETE
NAME JOHNSTON, KENNETH
STREET ADDRESS 64 COLSON COURT
CITY-ST-ZIP PISCATAWAY NJ 08854

TITLE D ☐ DELETE
NAME TIBBY, OWEN
STREET ADDRESS 103 MAXFIELD AVE.
CITY-ST-ZIP KINGSTON 10 JAMAICA WI

TITLE D ☐ DELETE
NAME GREY, MILTON
STREET ADDRESS 1139 53RD COURT NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ DELETE
NAME RILEY, BISHOP C
STREET ADDRESS 681 WINTHROP STREET
CITY-ST-ZIP BROOKLYN NY 11203

TITLE D ☐ DELETE
NAME BROWN, BALMAIN
STREET ADDRESS 23 ACADIA CIRCLE
CITY-ST-ZIP KINGSTON 8 JAMAICA WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)