

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

SEP 11 1994

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S11732** (2)

1. Corporation Name

COMMERCIAL SERVICE SYSTEMS, INC.

Principal Place of Business

Mailing Address

**431-A AULIN AVE
OVIEDO FL 32765
US**

**PO BOX 417
OVIEDO FL 32765
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/06/1990** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-3037685** 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 has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWIFT, DAVID W.
332 TIMBERWOOD TRAIL
OVIEDO FL 32765**

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 602, 603, 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, 1508, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SWIFT, DAVID W
STREET ADDRESS	332 TIMBERWOOD TRAIL
CITY, ST, ZIP	OVIEDO FL
TITLE	TS
NAME	SWIFT, DEBRA J
STREET ADDRESS	332 TIMBERWOOD TRAIL
CITY, ST, ZIP	OVIEDO FL
TITLE	
NAME	
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CITY, ST, ZIP	
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NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
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3. TITLE	☐ Change ☐ Addition
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3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(b)(1), 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 president 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 of this report, or on an attachment with an address.

SIGNATURE:

David W. Swift

DAVID W SWIFT

5/1/95

407-359-8051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Secretary of State
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OFFICE OF THE SECRETARY OF STATE

OFFICE OF THE SECRETARY OF STATE

DOCUMENT # **S11878** (3)

1. Corporation Name

MONTALDO RENT A CAR ENTERPRISES, INC.

Principal Place of Business

**% GOTTlieb & KINKER P.A.
2929 EAST COMMERCIAL BLVD. STE. 208
FT. LAUDERDALE FL 33308**

Mailing Address

**% GOTTlieb & KINKER P.A.
2929 EAST COMMERCIAL BLVD. STE. 208
FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/08/1990

3a. Date of Last Report
06/01/1994

4. FEI Number
59-3038405

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**

7. Does corporation have liability for information under 22-102-001,
Florida Statutes? ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State Apt # etc

26. State Apt # etc

22. City & State

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28. City & State

24. City & State

29. City & State

25. City & State

30. City & State

9. Name and Address of Current Registered Agent

**MONTALDO, JOHN
% GOTTlieb & KINKER, P.A.
2929 E. COMMERCIAL BLVD. STE. 208
FT. LAUDERDALE FL 33308**

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 607.0501 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 Sections 607.0501, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Secretary)

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(Signature of Registered Agent or Registered Agent's Secretary)

(Date)

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

Pres. 4/29/95