

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

FILED

Apr 29 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **S26981** (8)
1. Corporation Name
AUTO RENTAL SYSTEMS OF FLORIDA, INC.

Principal Place of Business
**202 CEDAR KEY COURT
OLDSMAR FL 34677**

Mailing Address
**2435 US 19
#120
HOLIDAY FL 34691-3900
US**



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| 2. Principal Place of Business 21 2435 US 19 #120 Suite, Apt. #, etc. 22 #120 City & State 23 HOLIDAY FL Zip 24 34691 Country 25 USA | | 2a. Mailing Address 26 2435 US 19 #120 Suite, Apt. #, etc. 27 #120 City & State 28 HOLIDAY FL Zip 29 34691 Country 30 USA | | 3. Date Incorporated or Qualified 01/24/1991 | 3a. Date of Last Report 02/23/1996 |
| | | 4. FEI Number 59-3045698 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fees Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent PARKER, JANET 202 CEDAR KEY COURT OLDSMAR FL 34677 | | 10. Name and Address of New Registered Agent 81 Name THOMAS PARKER 82 Street Address (P.O. Box Number is Not Acceptable) 2435 US 19 #120 83 HOLIDAY FL 84 City FL 85 Zip Code 34691 | |
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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 **Thomas Parker Sec. Treas - Thomas Parker Sec. Treas**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **4-15-97**

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DSTP PARKER, THOMAS 202 CEDAR KEY COURT OLDSMAR FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | DIRECTOR V.P. Sec. Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD PARKET, JANET 202 CEDAR KEY COURT OLDSMAR FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP PARKER, DONALD S. 202 CEDAR KEY CT. OLDSMAR FL <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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: **Thomas Parker Sec. Treas** **Thomas Parker** 8/3/943-9600
Signature typed or printed name of signing officer or director. VP - Sec. Treas Date Daytime Phone # 0457286

CR2E034 (9/96)