

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S94383** (4)

1. Corporation Name

**X-PRESS CAR RENTAL, INC.**



Principal Place of Business

Mailing Address

**3392 SW S GLOBE AVENUE  
PORT ST LUCIE FL 34953**

**3392 SW S GLOBE AVENUE  
PORT ST LUCIE FL 34953**

2. Principal Place of Business

2a. Mailing Address

21 **3356 S.W. WEST GLOBE AVE**

26 **3356 S.W. WEST GLOBE AVE**

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

23 **PORT ST LUCIE, FL**

28 **PORT ST LUCIE, FL**

Zip

Country

Zip

Country

24 **34953**

25 **ST LUCIE**

29 **34953**

30 **ST LUCIE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCMAHON, EDWARD  
3392 SW S GLOBE AVENUE  
PORT ST LUCIE FL 34953**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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

*Edward M. Mahon*  
Signature typed for printed name of registered agent and client (applicable)

(Not if Registered Agent's signature required when registering)

**7/24/96**  
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCMAHON, EDWARD</b>	
STREET ADDRESS	<b>3392 SW S GLOBE AVENUE</b>	
CITY - ST - ZIP	<b>PORT ST LUCIE FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>PERISINO, FRANK B.</b>	
STREET ADDRESS	<b>724 DENMBAD MILL</b>	
CITY - ST - ZIP	<b>MARIETTA GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Edward M. Mahon* **EDWARD M. MAHON**

**7/24/96** **561-336-1560**  
Date Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)