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

**PROFIT CORPORATION** ANNUAL REPORT

1997

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S94383**1. Corporation Name
X-PRESS CAR RENTAL, INC.

(4)

FILED	
May 06 1997 8:00am	1
Secretary of State	

Change

Addition

Principal Plac \$356 S.W. WES PORT ST. LUCK US	ST GLOBE AVENUE	3356 S.W. WEST	Mailing Address 3356 S.W. WEST GLOBE AVENUE PORT ST. LUCIE FL 34953-3435 US			
					3. Date Incorporated or Qualified 11/15/1991	3a. Date of Last Report 07/30/1996
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FET Number 65-0309046	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Z(p)	30	ountry	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ] Yes <b>[/</b> ] No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent
3392 POR	MAHON, EDWARD 2 SW S GLOBE AVENUE IT ST LUCIE FL 34953			83   84   City	ress (P.O. Box Number is Not Acceptal	FL 85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta im familiar with, and accept the oblined FDWARD MY M Stgnature, typed or printed hame of registered a	te of Florida. Such chai gations of, Section 607 9/70V-VP gort and lete if applicable	nge was authoric -0905, Florium (NOTE Hegis)	red by the corporal tatute.  ### The corporal tatute required Appendix qualitative requirements.		of the appointment as registered
12.	OFFICERS A	ND DIRECTORS	1;		ADDITIONS/CHANGES TO OFFIC	
NAME STREET ADDRESS CITY+ST-ZIP	MCMAHON, EDWARD 3392 SW S GLOBE AVENUE PORT ST LUCIE FL	[] [	1.2 1.3	TITLE  NAME  STREET ADDRESS I CITY-ST-7IP		[_] Change           Add√tion
TITLE NAME STREET ADDRESS	DP PERISINO, FRANK B. 724 DENMBAD MILL MARIETTA GA		ELETE 21 22 23	THLE PNAME BISTREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		[] [	EUFTE 31 37 33	A CITY - ST- 7IP  THIF P NAME  S STREET ADDRESS		Charige Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			ELETE 4.1 4.3	L CATY-ST-ZIP  TITLE  2 NAME  8 STREET ADDRESS  LCTY+ST-ZIP		Change Addition
TITLE				TOLE		Change Addition

DELLTE

5.2 NAME

6.1 THEE

14. I do hereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the comporation 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP