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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90097 018 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # V34275 1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

CONSUMERS CAR RENTAL, INC.

Principal Place of Business Mailing Address											
2424 SOUTH DE			2424 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33401-7796								
WEST PALM BEACH FL 33401-7796 WEST PALM BEACH FL 3340				0401-7700			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							05/07/1992	_			
2. Principal Pl	lace of Business	2a. Mai	ling Address				4. FEI Number		Ap	plied For	
21	•	26	26				65-0334219		No	t Applicable	
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				Contifered of Status Booked	4	8.75	Additional	
22		<del>2</del> 7	27						Fee Re	equired ====	
City & State	e ·	City	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	28				Trust Fund Contribution		Added t		
Zip	Country	Zip					8. This corporation owes the current year Intangible				
24	25 29 30			30			Personal Property Tax.				
	9. Name and Address of Cu	rrent Registered	Registered Agent				10. Name and Address of New Registered Agent				
					81	Name					
OLENSKI, SCOTT R						Street A	Address (P.O. Box Number is Not Acceptable)				
1928 S. DIXIE HWY.											
W. P	ALM BCH. FL 33401				83		•				
					84	City		FL 8	5 Zip (	Code	
	- 1	0000 1000 4	200 El	4 4	1	]	am and an authorite this statement for the surne	<del></del>	nging its	registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-ne office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							orporation submits this statement for the purpo- ation's board of directors. I hereby accept the	appointm	ent as re	gistered	
SIGNATURE	·										
GIGNATORE	Signature, typed or printed name of registere	d agent and title if applic	able. (NOT	E: Registered	l Agen	nt signature req	ruired when reinstating) DA			$\sim$	
12.		S AND DIRECTO		13.		<del></del>	ADDITIONS/CHANGES TO OFFICER				
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~!!!FF! <b>\DD</b> \D\C33											

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 suppliemental 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 of 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.