

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

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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90021 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005124

1. Corporation Name
QUARTX FLEET MANAGEMENT, INC.



Principal Place of Business 1209 ORANGE ST. WILMINGTON DE 19801	Mailing Address 900 OLD COUNTRY RD GARDEN CITY NY 11530 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 11/12/1993	4. FEI Number 51-0351151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRUCCI, M A	1.2 NAME	
STREET ADDRESS	212 MANGUM DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEAR DE 19701	1.4 CITY-ST-ZIP	
TITLE	VTAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTTHANS, KIM E	2.2 NAME	
STREET ADDRESS	8 TALLEY CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19802	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCLAFANI, KAREN C	3.2 NAME	
STREET ADDRESS	14 OAK POINT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAYVILLE NY 11050	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORSYTHE, JOHN	4.2 NAME	
STREET ADDRESS	11 CRANE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LLOYD HARBOR NY 11743	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, A M	5.2 NAME	
STREET ADDRESS	904 NEWPORT PIKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19804	5.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENT, E.G.	6.2 NAME	
STREET ADDRESS	312 WALDEN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	6.4 CITY-ST-ZIP	

4.1 TITLE	V	4.2 NAME	GITLITZ, EDWARD	4.3 STREET ADDRESS	20 BANNOCK CT.	4.4 CITY-ST-ZIP	SUFFERN, NY 10901
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE	VAS	6.2 NAME	GEIST, EDWARD G.	6.3 STREET ADDRESS	312 WALDEN RD	6.4 CITY-ST-ZIP	WILMINGTON, DE 19803

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 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, with all other like empowered.

SIGNATURE: Kim E Luthans 3-24-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

QUARTX FLEET MANAGEMENT, INC.

CURRENT LIST OF OFFICERS & DIRECTORS

275623-90021-46
F93000005124

OFFICERS & DIRECTORS	BUSINESS ADDRESS	RESIDENCE
Mark A. Ferrucci President & Director Soc. Sec. #221-40-5754	Corporation Trust Center 1209 Orange St. Wilmington, De. 19801	212 Magnum Drive Bear, DE. 19701
Adrienne M. Home V P, Secretary & Director Soc. Sec. #222-26-8988	"	904 Newport Pike Wilmington, DE. 19804
Kim E. Luthans Treasurer, V P, Director & Director Soc. Sec. #222-56-8040	"	8 Talley Court Wilmington, DE 19802
E.G. Geist VP / Asst. Secretary Soc. Sec. #051-36-9350	"	312 Walden Road Wilmington, De 19803
Karen C. Sclafani Asst. Secretary Soc. Sec. #071-46-9935	900 Old Country Road Garden City, NY 11530	14 Oak Point Drive, N Bayville, NY 11709
Edward Gitlitz Vice President Soc. Sec. #115-38-4818	"	20 Bannock Court Suffern, NY 10901