

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 400255

(6)

1. Corporation Name
A-1 TRUCK & TRAILER RENTALS, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 10 AM 8:18

Principal Place of Business
**907 SE 11TH PLACE
HIALEAH FL 33010**

Mailing Address
**907 SE 11TH PLACE
HIALEAH FL 33010**

2. Principal Place of Business
21

Mailing Address
26

Studio, Apt. #, etc.

27

City & State

City & State

Zip

20

Country

25

24

29

26

30

9. Name and Address of Current Registered Agent

**LESSER, SHEPARD P
909 N DIXIE HWY
WEST PALM BCH FL 33401**

B1

Name

B2

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

B3

B4

City

FL

05

Zip Code

10. Name and Address of New Registered Agent

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 607.0508, Florida Statutes.

SIGNATURE:

[Signature] Indicates that a registered agent is being appointed

10.1. Registered Agent Equivalent Information

a

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES IN OFFICERS AND DIRECTORS
TITLE	P	1.1. NAME
NAME	LING, DONALD C	1.2. NAME
STREET ADDRESS	1001 HOPEWELL AVE	1.3. STREET ADDRESS
CITY ST ZIP	OCEAN NJ	1.4. CITY ST ZIP
TITLE		2.1. NAME
NAME		2.2. NAME
STREET ADDRESS		2.3. STREET ADDRESS
CITY ST ZIP		2.4. CITY ST ZIP
TITLE		3.1. NAME
NAME		3.2. NAME
STREET ADDRESS		3.3. STREET ADDRESS
CITY ST ZIP		3.4. CITY ST ZIP
TITLE		4.1. NAME
NAME		4.2. NAME
STREET ADDRESS		4.3. STREET ADDRESS
CITY ST ZIP		4.4. CITY ST ZIP
TITLE		5.1. NAME
NAME		5.2. NAME
STREET ADDRESS		5.3. STREET ADDRESS
CITY ST ZIP		5.4. CITY ST ZIP
TITLE		6.1. NAME
NAME		6.2. NAME
STREET ADDRESS		6.3. STREET ADDRESS
CITY ST ZIP		6.4. 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 afforded under section 11.11(2), 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 incisor or holder employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I signed, or my avowal thereof with an address.

SIGNATURE:

DONALD C. LING

1-11-95

408-493-1500

INDIVIDUAL SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0076026 CP