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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

400255

(6)

A-1 TRUCK & TRAILER RENTALS,INC.

FILED Mar 05 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address			i idatit dibit datif tibat biret dist bidit dibit andt arbet breit andt bidit
987 SE 11TH PLACE HIALEAH FL 33010		PO BOX 1216 CLIFTON NJ 07012				
						DO NOT WRITE IN THIS SPACE
		US			3. Date Incorporated or Qualified	
						1
2. Principal Place of Business 2a. Mailing Address						05/01/1972 4. FEI Number Applied For
	ace of Business					59-1391419 Not Applicable
21		Suite, Apt. #, etc.				SR 75 Additional
Suite, Apt. #, etc.		27				5. Certificate of Status Desired Fee Regulred
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes or has paid the current year Intangible
24	25	29	30	•		Personal Property Tax due June 30. Yes No
27	9. Name and Address of Curren					10. Name and Address of New Registered Agent
					Name	
909 N DIXIE HWY					01	(D.O. Day M. wheels Met Aggestoble)
WEST PALM BCH FL 33401			•	32	Street A	ddress (P.O. Box Number is Not Acceptable)
145	ST FACIN DOTT PE 00401		Ĕ	33		
				1		
			8	34	City	FL 85 Zip Code
41 Purcuant t	o the provisions of Sections 607.050	2 and 607 1508 Florida Statu	les the abo) OVE	-named o	
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: Signature, typed or product name of registered agent and title if applicable. (NOTE: Registered Agent signature require					equired when reinstating) DATE	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	7	DELETE	1.1 TITE	E		VICE PRESIDENT Change Addition
NAME	LING, DONALD C		1.2 NAM	AE.		FINKLE, CLIFFORD B JR
STREET ADDRESS	1001 HOPEWELL AVE					435 ALLWOOD RD
CITY-ST-ZIP	OCEAN NJ		1.4 CITY		1	CLIFTON NJ 07012
TITLE		☐ DELET€	2.1 TITL			SECRETARY/TREASURER Change Addition
NAME			2.2 NAM	AE		D'ANTONIO, ANN
STREET ADDRESS			2.3 \$TR	EE1 /	ADDRESS	435 ALLWOOD RD
CITY-ST-ZIP			2. 4 CIT	Y - S	T- ZIP	CLIFTON NJ 07012
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	ΛE		
STREET ADDRESS			3.3 STR	EET /	ADDRESS	
CITY-ST-ZIP			3.4. CIT	Y - 5	T-ZIP	
TITLE		☐ DELETE	4.1 TITL			Change Addition
NAME			4. 2 NAI	ME		
STREET ADDRESS			4.3 STR	EET A	ADDRESS	
CITY-S1-ZIP			4.4 City	r-st	r-21P	
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAN	Æ		•
STREET ADDRESS			5.3 STR	EET /	ADDRESS	
CITY-ST-ZIP			5.4 CITY	r-st	1-21P	·
TITLE	-	DELETE	6.1 TITL	E		Change Addition
NAME			6.2 NAN	ΛE		
STREET ADDRESS			6.3 STR	EET A	ADDRESS	
CITY-ST-ZIP			6.4 CITY			•
	ertify that the information supplied	this filing does not qualify t				d 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 it 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						
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Horida Statutes. I turtiner certify that the information indicated on this annual report or supplied with a firm of the composition of the exemption of the exemp						