

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

FILED

Mar 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J58265 (6)
1. Corporation Name
RYDER STUDENT TRANSPORTATION SERVICES, INC.

Principal Place of Business Mailing Address
C/O CORPORATE TAX DEPT C/O CORPORATE TAX DEPT
3600 NW 82ND AVE. P. O. BOX 020816 3600 NW 82ND AVE. P. O. BOX 020816
MIAMI FL 33102-0816 MIAMI FL 33102-0816



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1987	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0005982	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent HERRON, JAMES M. 3600 NW 82ND AVE P. O. BOX 020816 MIAMI FL 33102-0816				10. Name and Address of New Registered Agent 81 Name VICKI A. O'MEARA 82 Street Address (P.O. Box Number is Not Acceptable) 83 3600 N.W. 82ND AVENUE 84 City MIAMI FL 85 Zip Code 33166	

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 *Vicki A. O'Meara* VICKI A. O'MEARA, V.P. & ASST. SECRETARY 2/5/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BURNS, M. ANTHONY 3600 NW 82ND AVE MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIORDAN, GERALD R. 3600 NW 82 AVENUE MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD JOHN H. DORR 3600 N.W. 82ND AVE. MIAMI, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUSTON, EDWIN A. 3600 NW 82ND AVE MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CHOZIANIN, H. J. 3600 N.W. 82ND AVE. MIAMI FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRENNAN, JOHN F 3600 N.W. 82ND AVE. MIAMI FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VT GLYNIS A. BRYAN 3600 N.W. 82ND AVE. MIAMI, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FEIGENBAUM, LILLIAN 3600 N.W. 82ND AVE. MIAMI FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	AT JOAQUIN A. ALONSO 3600 N.W. 32ND AVE. MIAMI, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: *Joaquin A. Alonso* JOAQUIN A. ALONSO, ASST. TREASURER 2/5/98

CR2E034 (10/97)