

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

CORPORATION:
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
CORPORATIONS

APPROVED

05/17/95 11:04:40
TALLAHASSEE, FLORIDA

DOCUMENT # **M01120** (8)

MESWAY TRUCK RENTAL, INC.

Principal Place of Business: 8609 SW 16TH STREET FT. LAUDERDALE FL 33324
Mailing Address: 8609 SW 16TH STREET FT. LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/31/1984** 3a. Date of Last Report: **12/27/1994**
4. FEI Number: **65-0038795** Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: 26. Mailing Address
22. State Apt # etc: 27. State Apt # etc
23. City & State: 28. City & State
24. Zip: 25. Country: 29. Zip: 30. Country

9. Name and Address of Current Registered Agent
MAURICE, ROBERT
8609 SW 16TH STREET
FT. LAUDERDALE FL 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 607.1505, 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 of Registered Agent) _____ (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAURICE, ROBERT
STREET ADDRESS	252 PRINCIPALE ST.
CITY, ST, ZIP	ST-DAMASE, QUEBEC
TITLE	STD
NAME	LALIBERTE, RAYMOND
STREET ADDRESS	252 PRINCIPALE ST.
CITY, ST, ZIP	ST DAMASE, QUEBEC
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME	
1.1 STREET ADDRESS	
1.1 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.2 STREET ADDRESS	
2.2 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.2 STREET ADDRESS	
3.2 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.2 STREET ADDRESS	
4.2 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.2 STREET ADDRESS	
5.2 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.2 STREET ADDRESS	
6.2 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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 and make such calls that I am an officer or director of the corporation of the face cover printed on this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attached form with an address.

SIGNATURE: **ROBERT MAURICE** *Robert Maurice* 04-17-95 1-800-263-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR