

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

FILED

**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M01120 (8)

1. Corporation Name
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 33324-4513
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/31/1984	3a. Date of Last Report 04/26/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0038795	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAURICE, ROBERT 8609 SW 16TH STREET FT.LAUDERDALE FL FL 33324		81. Name MAURICE, ROBERT	85. Zip Code FL
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAURICE, ROBERT		1.2 NAME MAURICE, ROBERT	
STREET ADDRESS 252 PRINCIPALE ST.		1.3 STREET ADDRESS 814 Desormeaux	
CITY-ST-ZIP ST-DAMASE, QUEBEC		1.4 CITY-ST-ZIP BELOEIL (P.Qué.) J3G 3A1	
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAUBERTE, RAYMOND		2.2 NAME FOURNIER, CHANTAL	
STREET ADDRESS 252 PRINCIPALE ST.		2.3 STREET ADDRESS 814 Desormeaux	
CITY-ST-ZIP ST DAMASE, QUEBEC		2.4 CITY-ST-ZIP BELOEIL (P.Qué.) J3G 3A1	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME MAURICE, ANNIE	
STREET ADDRESS		3.3 STREET ADDRESS 329 Jacques Cartier Ouest	
CITY-ST-ZIP		3.4 CITY-ST-ZIP LONGUEUIL (P.Qué.) J4L 2R8	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **ROBERT MAURICE** *[Signature]* **04/19/97** **954-370-2257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRSE034 (9/96)