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

May 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M01120 (8) MESWAY TRUCK RENTAL, INC. Principal Place of Business Mailing Address 8009 SW 16TH STREET 8609 SW 16TH STREET FT.LAUDERDALE FL 33324 FT.LAUDERDALE FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/31/1984 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 65-0038795 Not Applicable Sulte, Apt. #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MAURICE, ROBERT 8609 SW 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT.LAUDERDALE FL FL 33324 83 City Zip Code 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 (NO¹E. Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE JEAN DENIS CHOQUETTE ROBERT, MAURICE NAME 1.2 NAME **814 DESORMEAUX** STREET ADDRESS 1.3 STREET ADDRESS **BELOEIL** (P CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FOURNIER, CHANTAL 2.2 NAME **814 DESORMEAUX** STREET ADORESS 2.3 STREET ADDRESS BELOEIL (P 2 4 CHY-ST-7/P CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME MAURICE, ANNIE 3.2 NAME 329 JACQUES CARTIER OUEST STREET ADDRESS 3.3 STRELT ADDRESS Longueuil (P CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4 1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **53 STREFT ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 suppliemental 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 trusted empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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Block 12 or Block 13 if changed, or on an attachment with an addyess.

ROBERT MAURICE

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