

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90006 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M01120
 1. Corporation Name
MESWAY TRUCK RENTAL, INC.

Principal Place of Business 8609 SW 13TH STREET FT. LAUDERDALE FL 33324	Mailing Address 8609 SW 16TH STREET FT. LAUDERDALE FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1984	
21	22	23	24	25	26
Suite, f.pt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0038795	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>	
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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			
				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 607.1508, 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 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	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOQUETTE, J D	1.2 NAME	
STREET ADDRESS	19 ST LAURENT ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST DAMASE TC CA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	pd <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Maurice Robert
STREET ADDRESS		2.3 STREET ADDRESS	814, Desormeaux
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Beloil, J3G 3A1 P.O. Canada
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	pd <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Maurice Joel
STREET ADDRESS		3.3 STREET ADDRESS	271 Bernard,
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Chateauguay, P.Q. J6K 3Y6 Canada
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	pd <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Maurice Annie
STREET ADDRESS		4.3 STREET ADDRESS	6000S. Fraser Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Aurora, CO. 80016
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicates 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, with all other like empowered.

SIGNATURE: ROBERT MAURICE  15 April 99 (954)370-2257
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ (daytime Phone # _____

CR2E034 (1/98)