FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:04

DOCUMENT # P21029 (4)

1. Corporation Name
VISTA FLEET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
6751 W. BROWARD BLVD. PLANTATION FL 33324	900 OLD COUNTRY ROAD GARDEN CITY NY 11530

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1988
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 11-2928580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION 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 607.1508, 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FERRUCCI, M A	1.2 NAME	
STREET ADDRESS	212 MANGUM DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEAR DE	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	☐ Change ☐ Addition
NAME	HORNE, A.M.	2.2 NAME	
STREET ADDRESS	904 NEWPORT PIKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	2.4 CITY-ST-ZIP	
TITLE	VPAS	3.1 TITLE	VPAS ☑ Change ☐ Addition
~~NAME~~	~~CAREY, G~~	3.2 NAME	DAWSON, BARBARA A.
~~STREET ADDRESS~~	~~77 FIELDSTONE PL~~	3.3 STREET ADDRESS	86-35 208TH ST
~~CITY-ST-ZIP~~	~~WAYNE NJ~~	3.4 CITY-ST-ZIP	QUEENS VILLAGE NY 11427
TITLE	VT	4.1 TITLE	VPFS ☐ Change ☑ Addition
NAME	LUTTHANS, K E	4.2 NAME	CONNOLLY THOMAS B
STREET ADDRESS	8 TALLEY CT	4.3 STREET ADDRESS	266 BOROW ST
CITY-ST-ZIP	WILMINGTON DE	4.4 CITY-ST-ZIP	JERSEY CITY NJ 07302
TITLE		5.1 TITLE	VP ☐ Change ☑ Addition
NAME		5.2 NAME	FORSYTHE, JOHN
STREET ADDRESS		5.3 STREET ADDRESS	11 CRANE RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LLOYD HARBOR NY 11743
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Kim E. Lutthans KIM E. LUTTHANS Vice President 3/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300548 FP