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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90053 043 ***150.00

DOCUMENT # P21334

RYDER I	MOVE MANAGEMENT, INC.				_			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)	Marries no	al Didii didii ildi
Principal Place	of Business	Mailing Address				1 18811881 118.11881 11888 11188 (1111 6161 61911	Bente minte des	/II BIEII BIBII IBAI
1560 BROADWAY 3600 N.W. 82 AVENUE								
16TH FLOOR MIAMI FL 33166								
DENVER CO 80202					İ	DO NOT WRITE IN THIS	SPACE	
US						3. Date Incorporated or Qualifed		
		1				10/18/1988		
2. Principal Place of Business		2a. Mailing Address			İ	4. FEI Number	├	Applied For
21 8669 NW 36TH STREET		26 1560 BROADWAY			93-0158500		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required ~ -	
22 2ND FLOOR		27 SUITE 1800						
City & State		City & State DENVER, CO			6. Election Campaign Financing		O May Be d to Fees	
23 MIAMI		20	Country	 		Trust Fund Contribution		D to rees
Zip	Country	Zip 29 80202 3	_ '	<i>,</i>		This corporation owes the current year In Personal Property Tax.	itangible XYes	□No
24 33166	9. Name and Address of Current	1	0	-		10. Name and Address of New Registered		
<u> </u>	9. Name and Address of Current	Registered Agent	81	Name		10. Haine and Address of New Registered	rigent	
C T CORPORATION SYSTEM								
1200 SOUTH PINE ISLAND ROAD			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
PALNTATION FL 33324			83	+				
11121	((((())))		100	']				
			84	City		FI	85 Zi	p Code
								ite renistered
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								registered
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statute	5.				i
SIGNATURE						when reinstating) DATE		
<u> </u>	Signature, typed or printed name of registered agent a OFFICERS AND	_ 	13.	nt signature i	required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIREC	TORS IN 12
TITLE	P	☑ DELETE	1.1 TITLE		P/I		Change	
1	RITTENMEYER, RONALD A				RAI	NDALL S. SMALLEY		_
AFOO BOOKDINAY ACTUELOOD		•	I.Z IV WIL			60 BROADWAY, SUITE 1800		
STREET ADDRESS			1			NVER, CO 80202		
CITY-ST-ZIP	DENVER CO 80202 VP	X DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP	V		Chang	e X Addition
TITLE	•••				1 *	CHOLAS R. ROSSETTI		_
NAME	RISTON, DEBORAH L		_		1	60 BROADWAY, SUITE 1800		
STREET ADDRESS	1560 BROADWAY, 16TH FLOOP							
CITY-ST-ZIP	DENVER CO 80202	□ DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP	DEI	NVER, CO. 80202	Chang	e Addition
TITLE	VPT		3.2 NAME				Car county	
NAME	DAVISON, STEVEN R	•			1 2 54	60 BROADWAY, SUITE 1800		
STREET ADDRESS	1560 BROADWAY, 16TH FLOOR		1	TADORESS	13	BO BROADWAI, SUITE 1000		
CITY-ST-ZIP	DENVER CO 80202	X DELETE	3.4. CITY-	ST-ZIP	s		Chang	e 🛱 Addition
TITLE	S ADMOT THOMAS W	(A) DELETE			1 -	NDA WEILER		
NAME	ARNST, THOMAS W				1	60 BROADWAY, SUITE 1800		
STREET ADDRESS	1560 BROADWAY , 16TH FLOOR	Н	1		ι	NVER, CO 80202		
CITY-ST-ZIP	DENVER CO 80202	G DELETE	4.4 CITY-1	ST-ZIP	DE.	NVER, CO 80202	☐ Chang	je Addition
TITLE	D DIVOM STERLIEN TO	X DELETE	5.1 TITLE 5.2 NAME				L. Orally	- Dyddinon
NAME	DIXON, STEPHEN TD		1	T ADDRESS	}			
STREET ADDRESS	1560 BROADWAY, 16TH FLOOP	1						
CITY-ST-ZIP	DENVER CO 80202	₩ DELETE	5.4 CITY-1	51-4F	-		☐ Chang	je 🔲 Addition
TITLE	VC	(M Dereie	6.2 NAME		1			
NAME	THOGMARTIN, LARRY D							
STREET ADDRESS	1560 BROADWAY, 16TH FLOOP	(6.3 STREE	TADDRESS				
A ARTHUR TO 1			■ 0.4 Ull 1-3	31*ZIF				

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA WEILER

02/08/99 Date (303) 376-0040

Daytime Phone #

CR2E034 (11/98