

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90048 045 ***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 # P23019
 1. Corporation Name
RYDER DEDICATED CAPACITY, INC.



Principal Place of Business 3600 N.W. 82ND AVE. MIAMI FL 33166	Mailing Address 3600 N.W. 82ND AVE. MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 02/16/1989	Applied For Not Applicable
4. FEI Number 62-1195384	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

O'MEARA, VICKI A
3600 N.W. 82ND AVE.
MIAMI FL 33166

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	STRAW, EDWARD M
STREET ADDRESS	3600 N.W. 82ND AVE.
CITY-ST-ZIP	MIAMI FL 33166
TITLE	SVP <input type="checkbox"/> DELETE
NAME	TEGNELIA, ANTHONY G
STREET ADDRESS	3600 N.W. 82ND AVE.
CITY-ST-ZIP	MIAMI FL 33166
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	CHOZIANIN, JUDITH H.
STREET ADDRESS	3600 N.W. 82ND AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	VT <input type="checkbox"/> DELETE
NAME	BRYAN, GLYNIS A
STREET ADDRESS	3600 N.W. 82ND AVE.
CITY-ST-ZIP	MIAMI FL 33166
TITLE	AT <input type="checkbox"/> DELETE
NAME	NGUY, ALFRED C
STREET ADDRESS	3600 N.W. 82ND AVE.
CITY-ST-ZIP	MIAMI FL 33166
TITLE	D <input type="checkbox"/> DELETE
NAME	HUSTON, EDWIN A.
STREET ADDRESS	3600 N.W. 82ND AVE.
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Vicki A. O'Meara
3.3 STREET ADDRESS	3600 NW 82nd Ave.
3.4 CITY-ST-ZIP	Miami FL 33166
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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(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: ALFRED C. NGUY ASS'T TREASURER 3-23-99 305-500-4690.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)