

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

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

DOCUMENT # **P28788** (8)
1. Corporation Name
DECAR FLEET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
900 OLD COUNTRY RD GARDEN CITY NY 11530 US	900 OLD COUNTRY RD GARDEN CITY NY 11530 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/30/1990	3a. Date of Last Report 04/15/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 11-3007068	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTHANS, KIM E	1.2 NAME	CONNOLLY, Thomas B
STREET ADDRESS	8 TALLEY CT	1.3 STREET ADDRESS	206 BARROW ST
CITY-ST-ZIP	WILMINGTON DE	1.4 CITY-ST-ZIP	Jersey City NJ 07302
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRUCCI, M.A.	3.2 NAME	
STREET ADDRESS	2 E. WEALD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEAR DE	3.4 CITY-ST-ZIP	
TITLE	VAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIST, EDWARD G.	4.2 NAME	
STREET ADDRESS	312 WALDEN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, BARBARA	5.2 NAME	
STREET ADDRESS	86-35 208TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	QUEENS VILLAGE NY	5.4 CITY-ST-ZIP	
TITLE	VAS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, SYLVIA	6.2 NAME	
STREET ADDRESS	77 FIELDSTONE PLACE	6.3 STREET ADDRESS	FORSYTHE, JOHN
CITY-ST-ZIP	WAYNE NJ	6.4 CITY-ST-ZIP	11 CRANE ROAD W. P. HARBOR NY 11743

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 110.07(3)(b), 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. LUTHANS KIM E. LUTHANS
Vice President 3/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date