

Fee \$150.00

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

FILED
Mar 06 1998 8:00am
Secretary of State



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

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

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

Mailing Address
900 OLD COUNTRY RD
GARDEN CITY NY 11530
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1990

4. FEI Number
11-3007068

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VT	<input type="checkbox"/> DELETE
NAME	LUTHANS, KIM E	
STREET ADDRESS	8 TALLEY COURT	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HORNE, A.M.	
STREET ADDRESS	904 NEWPORT PIKE	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERRUCCI, MARK A	
STREET ADDRESS	212 MAGNUM DRIVE	
CITY-ST-ZIP	BEAR DE	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GEIST, EDWARD G.	
STREET ADDRESS	312 WALDEN ROAD	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	DAWSON, BARBARA	
STREET ADDRESS	88-35 208TH ST	
CITY-ST-ZIP	QUEENS VILLAGE NY	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	FORSYTHE, JOHN	
STREET ADDRESS	11 CRANE RD	
CITY-ST-ZIP	LLOYD HARBOR NY	

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	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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.

SIGNATURE: x Kim E Luthans Kim E Luthans VP 2-25-98

CR2E034 (10/97)