


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

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

03-31-1999 90042 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28788
 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
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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 25	Zip 29
	Country 30

3. Date Incorporated or Qualified 03/30/1990	
4. FEI Number 11-3007068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <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

**CT CORPORATION SYSTEM
 8751 W. BROWARD BLVD.
 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	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VT <input type="checkbox"/> DELETE
NAME	LUTTHANS, 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	86-35 208TH ST
CITY-ST-ZIP	QUEENS VILLAGE NY
TITLE	VAS <input checked="" type="checkbox"/> DELETE
NAME	FORSYTHE, JOHN
STREET ADDRESS	11 CRANE RD
CITY-ST-ZIP	LLOYD HARBOR NY

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	
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 checked="" type="checkbox"/> Addition
6.2 NAME	VAS BIONDO, JOSEPH
6.3 STREET ADDRESS	2414 CADILLAC DR
6.4 CITY-ST-ZIP	EAST MEADOW, NY 11554

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: KIM E LUTTHANS DATE: 3-24-99 DAYTIME PHONE # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000699K

CR2E034 (1/1/98)