

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

FILED

**Apr 07 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S59855 (4)

1. Corporation Name
RYDER TELESERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3111 UNIVERSITY DR. #406 CORAL SPRINGS FL 33065	Mailing Address 3111 UNIVERSITY DR. #406 CORAL SPRINGS FL 33065
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3. Date Incorporated or Qualified
06/14/1991

2. Principal Place of Business 21 4691 No. University Dr.	2a. Mailing Address 26 4691 No. University Dr.
Suite, Apt. #, etc 22 435	Suite, Apt. #, etc 27 435
City & State 23 Coral Springs FL	City & State 28 Coral Springs FL
Zip 24 33067	Country 25 Broward
Country 29 FL	Zip 30 33067

4. FEI Number
65-0266788

Applied For
 Not Applicable

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

9. Name and Address of Current Registered Agent

**RYDER, DAVID
3111 UNIVERSITY DR.
SUITE 406
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name **David Ryder**

82 Street Address (P.O. Box Number is Not Acceptable)
4691 No. University Dr.

83 **#435**

84 City **Coral Springs** **FL** 85 Zip Code **33067**

11. Pursuant to the provisions of Sections 607.0102 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: *David Ryder* DATE: **3/30/98**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	RYDER, DAVID	
STREET ADDRESS	3111 UNIVERSITY DR #406	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME	DAVID RYDER		
1.3 STREET ADDRESS	4691 No. University Dr.		
1.4 CITY-ST-ZIP	#435 Coral Springs, FL 33067		
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: *David Ryder* DATE: **3/30/98** **954 344-0140**

CR2E034 (10/97)