

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Aug 19 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F52159 (3)**

1. Corporation Name  
**CERTIFIED TRUCK SALES, INC.**



Principal Place of Business <b>3290 S W 50 AVE FT LAUDERDALE FL 33314</b>	Mailing Address <b>3290 S W 50 AVE FT LAUDERDALE FL 33314</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3</b> Date Incorporated or Qualified <b>11/03/1981</b>	<b>3a</b> Date of Last Report <b>04/30/1996</b>
<b>4</b> FEI Number <b>59-2141615</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**HABEL, DALE**  
**3290 SW 50 AVE**  
**FT LAUDERDALE FL 33314**

**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, in 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 *[Signature]* DATE **8-15-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ARNOTT, OTTI</b>
STREET ADDRESS	<b>1480 SHERIDAN ST B-26</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>BAKER, PAUL</b>
STREET ADDRESS	<b>1101 NW 29 CT</b>
CITY-ST-ZIP	<b>WILTON MANOR FL 33311</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FEGERS, R J</b>
STREET ADDRESS	<b>5916 MCENROE CT</b>
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>HABEL, DALE</b>
STREET ADDRESS	<b>9520 NW 65 ST</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>
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**

<b>1.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME
<b>1.3</b> STREET ADDRESS
<b>1.4</b> CITY-ST-ZIP
<b>2.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME
<b>2.3</b> STREET ADDRESS
<b>2.4</b> CITY-ST-ZIP
<b>3.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME
<b>3.3</b> STREET ADDRESS
<b>3.4</b> CITY-ST-ZIP
<b>4.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME
<b>4.3</b> STREET ADDRESS
<b>4.4</b> CITY-ST-ZIP
<b>5.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME
<b>5.3</b> STREET ADDRESS
<b>5.4</b> CITY-ST-ZIP
<b>6.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME
<b>6.3</b> STREET ADDRESS
<b>6.4</b> CITY-ST-ZIP

**14.** I do 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 effectuate 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.

CR2E034 (4/97)