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APPROVED

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **F93000003123 (7)**
1. Corporation Name
SOUTH - TEK TRAILER SALES, INC.

Principal Place of Business: **5700 INDUSTRIAL BOULEVARD MILTON FL 32583**
Mailing Address: **5700 INDUSTRIAL BOULEVARD MILTON FL 32583**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

3. Date Incorporated or Qualified: **07/07/1993**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **59-3160009**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**RUOPP, FRITZ
5700 INDUSTRIAL BOULEVARD
MILTON FL 32583**

10. Name and Address of New Registered Agent
81. Name: **CORPORATION SERVICE COMPANY**
82. Street Address (P.O. Box Number is Not Acceptable): **1201 Hays Street**
84. City: **Tallahassee** FL 85. Zip Code: **32301**

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. **Karen B. Rozar, as its agent**
SIGNATURE: *Karen B. Rozar* DATE: **4-25-96**

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	MASH, NATHAN	
STREET ADDRESS	19516 PLANTERS POINT DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ELLIN, LESTER	
STREET ADDRESS	ONE CORPOPRATE CENTER, SUITE 335	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	IRWIN, SHIRLEY	
STREET ADDRESS	5700 INDUSTRIAL BOULEVARD	
CITY-ST-ZIP	MILTON FL 32583	
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

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	

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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 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE: *Jesu... Truo* DATE: **4/23/96** TELEPHONE: **410-727-5735**

CR2E034 (12/95)