

FILE NOW: FILING FEE AFTER MAY 1 IS \$27.00

**APPROVED
AND
FILED**

95 MAY -1 PM 2:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # C 01952

1. Corporation Name
DeCaro Trucking of Brevard Inc.

Principal Place of Business Mailing Address
**132 N. Twin Lakes Rd
Cocoa FL 32926**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **9/20/82** 3a. Date of Last Report **4/94**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2224407** Applied For
Not Applicable

21. Sute, Apt #, etc. 26. Sute, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Patricia M DeCaro**
82 Street Address (P.O. Box Number is Not Acceptable)
132 N. Twin Lakes Rd
83
84 City **Cocoa FL** 85 Zip Code **32926**

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

Signature (typed or printed name of registration agent and title if applicable)

(NOTE)

Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President**
NAME **Patricia M. DeCaro**
STREET ADDRESS **132 N. Twin Lakes Rd**
CITY - ST - ZIP **Cocoa FL 32926**

1.1 TITLE Change Addition
1.2 NAME **600001484946**
1.3 STREET ADDRESS **-05/12/95--01009--005**
1.4 CITY - ST - ZIP *****200.00 ***200.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Patricia M. DeCaro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 407-686-8220

(Date) (Filing Hours)

[Handwritten initials]

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 AM 11:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 9930000432
1. Corporation Name **G01621**
CHASE UNLIMITED OF TAMARAC, INC.

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 1 7610 Banyan way Suite, Apt. #, etc.		2a. Mailing Address 26 7610 Banyan Way Suite, Apt. #, etc.		4. FEI Number 59-2238325		3a. Date of Last Report 04/30/94	
3 City & State Tamarac, FL		27 City & State Tamarac, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$0.75 Additional Fee Required	
4 Zip 33321		28 Country USA		6. Total Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25		29		30		8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAZAR, CINDI 7610 Banyan Way Tamarac, FL 33321				10. Name and Address of New Registered Agent			
81 Name		82 Street Address		83 City		84 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I hereby accept the appointment as registered agent, I am

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13.	
TITLE	P/S/D	11 TITLE	
NAME	CINDI LAZAR	12 NAME	
STREET ADDRESS	7610 Banyan Way	13 STREET ADDRESS	
CITY-ST-ZIP	Tamarac, FL 33321	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

800001485028
-05/12/95--01014--001
****200.00 ****200.00

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 110.07(3)(a), 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: CINDI LAZAR 04/28/95 (305) 739-7770