

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000055812 (9)**  
 1. Corporation Name  
**STANFORD & SONS TRUCKING CORPORATION**



Principal Place of Business <b>4710 NORTH WEST 11TH PLACE LAUDERHILL FL 33313</b>	Mailing Address <b>4710 NORTH WEST 11TH PLACE LAUDERHILL FL 33313</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/27/1994</b>	
21	22	26	27	4. FEI Number <b>65-0393448</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
Country		Country			

9. Name and Address of Current Registered Agent <b>AMRITT, STANFORD 4710 NORTH WEST 11TH PLACE LAUDERHILL FL 33313</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMRITT, CARL WAYNE</b>		1.2 NAME	<b>STANFORD L AMRITT</b>	
STREET ADDRESS	<b>1235 JANN AVENUE</b>		1.3 STREET ADDRESS	<b>4710 N.W. 11TH</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>		1.4 CITY-ST-ZIP	<b>LAUDERHILL, FL 33313</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMRITT, PHILIP</b>		2.2 NAME		
STREET ADDRESS	<b>1031 N.W. 178TH TERRACE</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33169</b>		2.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMRITT, RICHARD</b>		3.2 NAME		
STREET ADDRESS	<b>4710 NORTH WEST 11TH PLACE</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>		3.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMRITT, DONAVAN</b>		4.2 NAME		
STREET ADDRESS	<b>13480 N.E. 6TH AVENUE, APT. 112</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33161</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)