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Feb 11 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000037311 (3)

1. Corporation Name
FIRE TRUCKS LTD., INC.



Principal Place of Business: 205 SMITH RD, MERRITT ISLAND FL 32953
Mailing Address: 205 SMITH RD, MERRITT ISLAND FL 32953-8325

3. Date Incorporated or Qualified: 04/30/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3384544
Applied For: [Blank] / 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 has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

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

9. Name and Address of Current Registered Agent
MCDERMOTT, DANIEL L
1970 MICHIGAN AVE, BLDG E
COCOA FL 32922

10. Name and Address of New Registered Agent
81 Name: MICHAEL BLASKY
82 Street Address (P.O. Box Number is Not Acceptable): 205 SMITH ROAD
83 [Blank]
84 City: MERRITT ISLAND FL 85 Zip Code: 32953

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: *Michael Blasky* MICHAEL BLASKY PRES. 1/28/97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLASKY, MICHAEL	
STREET ADDRESS	205 SMITH RD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, DOUGLAS L	
STREET ADDRESS	931 O'HARA DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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	

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 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: *Michael Blasky* MICHAEL BLASKY PRES. 1/28/97 (407) 452-1471
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)