

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90019 009 ***150.00

DOCUMENT # P97000027016

1. Corporation Name

TRUCK & CRANE SALES, CORP.

Principal Place of Business

10015 NW 87TH AVENUE
MEDLEY FL 33178
US

Mailing Address

10015 NW 87TH AVENUE
MEDLEY FL 33178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

65-0750945

Applied For

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 10007 N.W. 87th ave

Suite, Apt. #, etc.

22

City & State

23 medley, FL

Zip

24 33178

Country

25 USA

2a. Mailing Address

26 10007 N.W. 87th ave

Suite, Apt. #, etc.

27

City & State

28 medley, FL

Zip

29 33178

Country

30 USA

9. Name and Address of Current Registered Agent

MARTINEZ, RAFAEL
10015 N.W. 87TH AVE.
MEDLEY FL 33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD

NAME MARTINEZ, RAFAEL
STREET ADDRESS 10015 N.W. 87TH AVE.
CITY-ST-ZIP MEDLEY FL 33178

TITLE SD ☒ DELETE

NAME MARTINEZ, BRENDA
STREET ADDRESS 10015 N.W. 87TH AVE.
CITY-ST-ZIP MEDLEY FL 33178

TITLE TD ☒ DELETE

NAME MARTINEZ, EDUARDO
STREET ADDRESS 10015 N.W. 87TH AVE.
CITY-ST-ZIP MEDLEY FL 33178

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

10007 N.W. 87th ave.

medley, FL. 33178

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

4/1/99

305/887-7170

0257492

CR2F034 (4/1/98)