

**FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # V40622 (5)**

1. Corporation Name  
**TRUCK REPAIR CENTER, INC.**



Principal Place of Business: **3600 NW 54TH ST MIAMI FL 33142**  
Mailing Address: **3600 NW 54TH ST MIAMI FL 33142**

3. Date Incorporated or Qualified: **06/01/1992**  
3a. Date of Last Report: **06/14/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for address details.

4. FEI Number: **65-0339733**  
5. Certificate of Status Desired:   
6. Election Campaign Financing:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **CRISONINO, RICHARD A. 2534 SW 6TH ST MIAMI FL 33135**  
10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ DATE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
FILE NAME: <b>D STOPNICKI, HENRY</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>V JAKOB STOPNICKI</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>2275 NE 120TH ST</b>		1.2 NAME: <b>JAKOB STOPNICKI</b>	
CITY-ST-ZIP: <b>N MIAMI FL</b>		1.3 STREET ADDRESS: <b>1920 S. OCEAN DR.</b>	
TITLE:	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP: <b>HALLANDALE FL 33009</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		2.2 NAME:	
CITY-ST-ZIP:		2.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1/18/96** 899 0077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)