

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 04 1996 8:00 am
Secretary of State

DOCUMENT # **254856** (8)

1. Corporation Name
WEST FLORIDA TRUCK BROKERS INC



Principal Place of Business: 10955 ENTERPRISE AVE, P.O. BOX 2758, BONITA SPGS FL 33959
Mailing Address: 10955 ENTERPRISE AVE, P.O. BOX 2758, BONITA SPGS FL 33959

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 10955 Enterprise Ave		26 P. O. Box 2758		01/11/1962		01/31/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Bonita Springs, FL		28 Bonita Springs, FL		59-0954894		Not Applicable	
24 33923		25 Lee		29 33959		30 Lee	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALVAREZ, ANGUS D. 796 CASSENA ROAD NAPLES FL 33940				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: *Angus D Alvarez* **Angus D Alvarez / President** 2/23/96
Signature typed or printed name of registered agent and title (DA 1) (NOTE: Registered Agent signature by professional is required)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	<input type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ANGUS D		1.2 NAME	Alvarez, Angus D	
STREET ADDRESS	796 CASSENA ROAD		1.3 STREET ADDRESS	796 Cassena Road	
CITY-STATE-ZIP	NAPLES FL		1.4 CITY-STATE-ZIP	Naples, FL 33963	
TITLE	CD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, FRANKIE		2.2 NAME		
STREET ADDRESS	1806 ARDMORE ROAD		2.3 STREET ADDRESS		
CITY-STATE-ZIP	FT. MYERS FL		2.4 CITY-STATE-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ANGUS D.		3.2 NAME		
STREET ADDRESS	796 CASSENA ROAD		3.3 STREET ADDRESS		
CITY-STATE-ZIP	NAPLES FL		3.4 CITY-STATE-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	4.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, CAROLYN A		4.2 NAME	Powell, Carolyn A	
STREET ADDRESS	6018 PERTHSHIRE LANE		4.3 STREET ADDRESS	5391 Harborage Drive	
CITY-STATE-ZIP	FORT MYERS FL		4.4 CITY-STATE-ZIP	Fort Myers, FL 33908	
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-STATE-ZIP			5.4 CITY-STATE-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-STATE-ZIP			6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Angus D Alvarez* **Angus D Alvarez** 2/23/96 (941) 992-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (941) 992-4545

CR2E034 (12/95)