

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

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 07 1997 8:00 am  
Secretary of State

DOCUMENT # **254856** (8)  
1. Corporation Name  
**WEST FLORIDA TRUCK BROKERS INC**



Principal Place of Business  
**10955 ENTERPRISE AVENUE  
BONITA SPGS FL 33923  
US**

Mailing Address  
**P.O. BOX 2758  
BONITA SPRINGS FL 34133-2758  
US**

3. Date Incorporated or Qualified **01/11/1962** 3a. Date of Last Report **03/04/1996**

2. Principal Place of Business 21 <b>5782 ENTERPRISE PKWY</b> Suite, Apt #, etc.	2a. Mailing Address 26 <b>5782 ENTERPRISE PKWY</b> Suite, Apt #, etc.	4. FEI Number <b>59-0954894</b>	Applied For Not Applicable
22 City & State <b>FORT MYERS, FL</b>	27 City & State <b>FORT MYERS, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip <b>33905</b> Country <b>US</b>	28 Zip <b>33905</b> Country <b>US</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33905</b> 25 <b>US</b>	29 <b>33905</b> 30 <b>US</b>	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 <b>ALVAREZ, ANGUS D. 796 CASSENA ROAD NAPLES FL 33940</b>	10. Name and Address of New Registered Agent 81 Name <b>ANTHONY CARL ALVAREZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5782 ENTERPRISE PARKWAY</b> 83 84 City <b>FORT MYERS</b> FL 85 Zip Code <b>33905</b>
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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: *Anthony Carl Alvarez* DATE: **2/20/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>ALVAREZ, ANGUS D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ALVAREZ, ANGUS D</b>	1.2 NAME <b>ANTHONY CARL ALVAREZ</b>	
STREET ADDRESS	<b>796 CASSENA ROAD</b>	1.3 STREET ADDRESS <b>5782 ENTERPRISE PARKWAY</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP <b>FORT MYERS, FL 33905</b>	
TITLE <b>CD</b>	<b>ALVAREZ, FRANKIE</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALVAREZ, FRANKIE</b>	2.2 NAME <b>CARDLYN A POWELL</b>	
STREET ADDRESS	<b>1808 ARDMORE ROAD</b>	2.3 STREET ADDRESS <b>5782 ENTERPRISE PARKWAY</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP <b>FORT MYERS, FL 33905</b>	
TITLE <b>STD</b>	<b>POWELL, CAROLYN A</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>POWELL, CAROLYN A</b>	3.2 NAME	
STREET ADDRESS	<b>5391 HARBORAGE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Carolyn A. Powell* DATE: **2/20/97** 941-693-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)