

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 274279

1. Corporation Name

DeWitt Truck Brokers, Inc.

(1) ORIGINAL



Principal Place of Business
1200 Hammondville Rd.
Pompano Beach, FL 33069

Mailing Address
P.O. Box 951
Hendersonville, NC 28793-0951

3. Date Incorporated or Qualified: 10/2/63
3a. Date of Last Report: 4/28/95

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
28 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number: 59-1024490
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required
 \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
Jonnie DeWitt
P.O. Box 307
Pompano Beach, FL 33061

10. Name and Address of New Registered Agent
81 Name: Jonnie DeWitt
82 Street Address: P.O. Box Number is Not Acceptable
1305 S.E. 1 Street
83 City: Pompano Beach
84 City: FL
85 Zip Code: 33060

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	Pres.	<input type="checkbox"/> DELETE
NAME	DeWitt, Jonnie	
STREET ADDRESS	1305 S.E. First Street	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	Sec./Treas.	<input type="checkbox"/> DELETE
NAME	DeWitt, Jonnie	
STREET ADDRESS	1305 S.E. First Street	
CITY-ST-ZIP	Pompano Beach, FL 33060	
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. ADDITIONAL OFFICERS AND DIRECTORS

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 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	100001886831
5 3 STREET ADDRESS	-07/09/96--01012--016
5 4 CITY-ST-ZIP	***225.00
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 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: Jonnie DeWitt Jonnie DeWitt Date: 5/13/96 704-685-7216