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

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **Katherine Harris**

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90154 039 \*\*\*150.00

NATHAN	GREENSTEIN, TRUCK BRO	KER, INC.					
Principal Place	e of Business	Mailing Address				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
280 NORTHWEST 12TH AVENUE 280 NORTHWEST 12TH AVENUE							
POMPANO BEACH FL 33069-2902 POMPANO BEACH FL 33069-290				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					08/01/1968		
Principal Place of Business     2a, Mailing Address					4. FEI Number	<del> </del>	pplied For
21	26	7. 8.4 4 -4-		59-1218605	Not Applicable \$8.75 Additional		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required		
City & State	e .	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	<b>⊢</b>	Country		8. This corporation owes the current year In	tangible ☐ Yes	□No
24	25	29 30			Personal Property Tax.  10 Name and Address of New Registered		LINO
	9. Name and Address of Current	Registered Agent	81	Name	10. Maine and Address of New Neglatered	Agont	
GRE	ENSTEIN, CHARLES						
280 NW 12TH AVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	IPANO BEACH FL 33069		83				
			84	City	FI	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered agent			it signature requi	ired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	OPS IN 12
12.	PTVS OFFICERS AND		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE NAME	GREENSTEIN, CHARLES	_ been	.2 NAME				_
STREET ADDRESS	280 N W 12TH AVENUE			ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-S				
TITLE	D		2.1 TITLE			Change	☐ Addition
NAME	GREENSTEIN, STEVEN		2.2 NAME	į			
STREET ADDRESS	280 NW 12TH AVE	-	2.3 STREE	TADORESS			
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY-5	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY- 8	iT-ZIP		☐ Change	Addition
TITLE			1 TITLE			Onlarige	
NAME			1. 2 NAME	T ADDRESS			
STREET ADDRESS			4.4 CITY-S				
CITY-ST-ZIP TITLE			5.4 CH Y-5 5.1 TITLE	1-71r		☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP	· ·		5.4 CITY-S	T-ZIP		•	
TITLE		☐ DELETE	B.1 TITLE	1		☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS		1	6.3 STREE	TADDRESS			
	1	_					

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 suppliemental 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 attaching it with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

3/12/99

(954) 947-3520