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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 521709

(6)

FILED Feb 04 1998 8:00am Secretary of State

	D TRUCK & EQUIPMENT (Mailing Address	·			
7750 NW 52ND STREET 7750 NW 52ND STREET MIAMI FL 33166 MIAMI FL 33166			ĒŤ		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					01/07/1977	
— '	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	. # -1-	26			59-1798439	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ate	City & State			& Staating Companies Singularies	· · · · · · · · · · · · · · · · · · ·
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
. ZID	Country	Zip	Cour	itry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	red Agent
FI	reeman, Paul			B1 Name		
1406 PATRAN CENTER			-	B2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
9.	100 S. DADELAND BLVD., STE.	#1406			,	
M	IIAMI FL 33156		1	B3		
			<u> </u>	B4 City		85 Zip Code
				·		FL
11. Pursuant office or	to the provisions of Sections 607.05 registered agent, or both, in the State	502 and 607.1508, Florida Sta t te of Florida, Such change was	iutes, the ab	ove-named co	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing its registered
agent. I	am familiar with, and accept the obti	gations of, Section 607.0505,	Florida Statu	tes.	anona board or ambotoro, ritoroby adobpt the	appointmont do registered
SIGNATURE						
12.	Signature, typed or printed name of registered a	ngent and tille if applicable. (No NO DIRECTORS	OTE: Registered	Agent signature req	ulred when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	PS	DELETE			ADDITIONO/CHANGES TO OFFICE TO	
	1		1.1 1171	E I		
NAME	HOROWITZ, HAROLD		1.1 TITU 1.2 NAM	1		Change Addition
NAME STREET ADDRESS	HOROWITZ, HAROLD 4901 SARAZEN DRIVE		1.2 NA	AE	3 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
STREET ADDRESS	4901 SARAZEN DRIVE	_ otte	1.2 NAM 1.3 STR	ME EET ADDRESS		
		☐ DELETE	1.2 NAM 1.3 STR	ME EET ADDRESS /-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP	4901 SARAZEN DRIVE HOLLYWOOD FL TS HOROWITZ, AUDREY (ASSI	☐ DELETE	1.2 NAM 1.3 STR 1.4 City	ME EET ADDRESS /-ST-ZIP E		Change Addition
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1. Thereby 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 mustignature 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: Hamld Hamauit

420/08

105-591-32M