03-08-1999 90037 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 524708

1. Corporation	Name 324700					
RAIPH N	MYRICK TRUCK BROKER IN	IC.				
1035111	MITHOR THOOK DIVOKEN IN			I MARK DIER HERE BERGE HAND AREN ARE	ALBIGI BILIO DIGI S	ALL BLAKE HERE
Principal Place	e of Business	Mailing Address			AI BIBII BIBII BIBII BI	Oli Bibil (OO)
851 NE 8TH CT		851 NE 8TH CT				
PO BOX 2091 PO BOX 2091 POMPANO BCH FL 33061 POMPANO BCH FL 33061						
				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		ļ
				01/28/1977 4. FEI Number		-Und For
	lace of Business	2a. Mailing Address			<u> </u>	blied For t Applicable
21	#	Suite, Apt. #, etc.		59-1721968	\$8.75 A	
Suite, Apt.	н, екс.			5. Certifcate of Status Desired	Fee Re	
City & Stat	Δ	City & State		6. Election Campaign Financing	\$5.00	
- ·	6	28		Trust Fund Contribution		o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	_ 	30	Personal Property Tax.		□No
24	9. Name and Address of Curren			10. Name and Address of New Register	ed Agent	
			81 Name	A - 177 - 17		
	ICK, EDWARD L.		92 Stroot Add	ress (P.O. Box Number is Not Acceptable)		
OFFICE 21, FLA STATE FARMERS MARKET			82 Street Add	ress (P.O. box Number is Not Acceptable)		
POM	IPANO BEACH FL 33061		83			
					72-1 3:- 6	
			84 City	F	EL 85 Zip C	,00e
11 Pursuant	to the provisions of Sections 607,050	2 and 607.1508. Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State	of Florida, Such change was aut	thorized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as rec	jistered
J	m lamiliar with, and accept the obliga-	nons or, Section 007.0000, 1 lone	ua Statutes.		•	J
SIGNATURE	Signature, typed or printed name of registered agen	st and title if applicable (NOTE: F	Registered Agent signature require	ed when reinstating) DATE		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	DVP	☐ DELETE	1.1 TITLE		Change	Addition
NAME	MYRICK, RICHARD W		1.2 NAME			ŀ
STREET ADDRESS	2112 NE 60TH ST		1.3 STREET ADDRESS			Ĭ
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		1.4 CITY-ST-ZIP			
TITLE	DTS	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	MYRICK, JERRY C		2.2 NAME			
STREET ADDRESS	851 NE 8TH COURT		2.3 STREET ADDRESS			<u> </u>
CITY-ST-ZIP	POMPANO BCH, FL 00000		2.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	MYRICK, EDWARD		3.2 NAME			j
STREET ADDRESS	4430 NE 8TH COURT		3.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH, FL 00000		3.4. CITY-ST-ZIP			
TITLE	T GIAN A GOOD TO THE STATE OF T	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
C/TY-ST-ZIP	·		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			ļ
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITE		□ DELETE	6.1 TITLE	,	☐ Change	Addition

CITY-ST-ZIP 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 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 of 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS