

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **554376** (4)

1. Corporation Name
DB TRUCKING, INC.



Principal Place of Business: **2400 SW 36TH ST. FT LAUDERDALE FL 33312**
Mailing Address: **2400 SW 36TH ST. FT LAUDERDALE FL 33312**

3. Date Incorporated or Qualified: **10/19/1977**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-1775840** Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 700 Southeast 32nd Court**
Suite, Apt. #, etc.:
City & State: **22 Fort Lauderdale, FL 33316**
Zip: **24** Country: **25 USA**
2a. Mailing Address: **26 700 Southeast 32nd Court**
Suite, Apt. #, etc.:
City & State: **27 Fort Lauderdale, FL 33316**
Zip: **29** Country: **30 USA**

9. Name and Address of Current Registered Agent: **DENATALE, PAUL 2328 NE 26TH ST. LIGHTHOUSE POINT FL 33064**
10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **700 Southeast 32nd Court**
83:
84 City: **Fort Lauderdale, FL** 85 Zip Code: **33316**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DENATALE, PAUL	
STREET ADDRESS	2328 NE 26TH ST.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	700 Southeast 32nd Court
14 CITY-ST-ZIP	Fort Lauderdale, FL 33316
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	300001851893
43 STREET ADDRESS	-06/05/96--01062--025
44 CITY-ST-ZIP	***25.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	900001851909
53 STREET ADDRESS	-06/05/96--01062--025
54 CITY-ST-ZIP	***200.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, change, or on an attachment with an address.

SIGNATURE: *Paul Denatale* DATE: **5/14/96** TELEPHONE: **954-761-9997**

CR2E034 (12/95)