

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **566684** (7)
1. Corporation Name
FREIGHTLINER TRUCKS OF SOUTH FLORIDA, INC.

Principal Place of Business 17151 NW 7TH AVE EXT MIAMI FL 33269	Mailing Address P.O. BOX 694220 MIAMI FL 33269-1220
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2. Principal Place of Business 21 17151 NW 7th AVE. EXT Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33169 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 03/02/1978	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-1829444	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	

9. Name and Address of Current Registered Agent BUNCH, DEAN 909 EAST PARK AVENUE TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name F&L Corp. 82 Street Address (P.O. Box Number is Not Acceptable) 200 Laura Street, The Greenleaf Building 83 84 City Jacksonville FL 85 Zip Code 32202-3527	
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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 **Martin A. Traber, Esq.** DATE **4/21/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	DIAZ, JOSE M	1.2 NAME	
STREET ADDRESS	17151 NW. 7TH AVE EXT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33269	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	☒ Change ☐ Addition
NAME	GRAHAM, ALLYSE F	2.2 NAME	GRAHAM, Allyse F.
STREET ADDRESS	17151 N.W. 7TH AVE EXT	2.3 STREET ADDRESS	17151 N.W. 7th AVE EXT
CITY-ST-ZIP	MIAMI FL 33269	2.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE		3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	Nottingham, Robert
STREET ADDRESS		3.3 STREET ADDRESS	17151 NW 7th Ave Ext
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33169
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	Chunn, Gerald
STREET ADDRESS		4.3 STREET ADDRESS	17151 NW 7th Ave Ext
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33169
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: **Allyse F. Graham, V.P.** DATE **3/28/97** DAYTIME PHONE # **305-652-2336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)