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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 627164

1. Corporation Name

TRAILER SALES, INC

MALLI OALLO, 1140.						
Principal Place of Business Mailing	Address		T SABLES MELLE LEBER LONDON (LEGE OF)	1 0101 01017 61011 0 1	511 51611 611	F11 81817 (881
	JLP BLVD					
BELLEAIR BEACH FL 39786 BELLEAI	IR BEACH FL 33786					
US US			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 06/22/1979			
2. Principal Place of Business 2a. Mai	iling Address		4. FEI Number			lied For
21 26			59-1951803			Applicable
Suite, Apt. #, etc. Suite	te, Apt. #, etc.		5. Certifcate of Status Desired	_ \$	8.75 A	
	y & State		6. Election Campaign Financing		55.00 N	May Be
23			Trust Fund Contribution		Added to	Fees
Zip Country Zip	Col	untry	8. This corporation owes the curre			٦
24 25 29	30		Personal Property Tax.	····		□No
9. Name and Address of Current Registere	d Agent	94	10. Name and Address of New R	egistered Age	nt	
CINICED HADOLD T	a	81 Name				
SINGER, HAROLD T	Pli 3377	82 Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
BELLEAIR BEACH FL 33786 / ARCac	CL 2377	7				
DELLEAIR BEACH PL 33700 ARCOS	pu ss.	83				
•		84 City		8	5 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1				FL °		
					iii aa ieg	
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Sec	ction 607.0505, Flonda Stat	tules.		DATE	· · · · · ·	
agent. I am familiar with, and accept the obligations of, Sec SIGNATURE Signature, typed or printed name of registered agent and title if appli	icable. (NOTE Registers	itules. Id Agent signature required	d when reinstating)	DATE		
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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 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 embowered 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR