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

FILED Mar 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # F03517 MURPHY'S TRUCK REBUILDING SERVICE, INC. Principal Place of Business Mailing Address 2916 NORTH MIAMI AVENUE 2916 NORTH MIAMI AVENUE MIAMI FL 33127 MIAMI FL 33127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1980 2. Principal Place of Business 2a. Mailing Address Applied For 59-2055725 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #. etc **\$8,75** Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MURPHY, DONALD A. 4367 NE 22ND AVE 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33308 63 84 Zip Code 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, any accept the obligations of, Sgution 607.0505, Florida Statutes. 12. 13. OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE 1 1 TiTLE MURPHY, DONALD A. NAME 1.2 NAME 4367 COUNTRY CLUB DRIVE STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME HOLLINGSWORTH, JENNIFER 2.2 NAME STREET ADDRESS 5064 SW 122ND TERR 23 STREET ADDRESS COOPER CITY FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change 3.1 11716 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CHTY-ST-ZIP CITY-\$1-7IP Addition DELETE Change TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE 5.1 TITLE Change TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 roport or suppliemental 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 this corporation or the receiver or trustee employered 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 au attachment with an adjects.

5.4 City-St-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.5 TITLE

62 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Addition