**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 # **F95000002936 (1)**

1. Corporation Name

**I. ORLICH CONTRACT TRUCKING, INC.**

Principal Place of Business

**506 MAGNOLIA ST.**
**NEW SMYRNA BEACH FL 32168**

Mailing Address

**506 MAGNOLIA ST.**
**NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip
24 25 County

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip
29 30 County

3. Date Incorporated or Qualified: **06/19/1995**

3a. Date of Last Report:

4. FEI Number: **14-1708702** [ ] 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 [X] No

9. Name and Address of Current Registered Agent

**ORLICH, IGNATZ**
**506 MAGNOLIA ST.**
**NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.0506, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such business entity is authorized by the corporation's articles of incorporation or its bylaws to do so. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | DCP | [ ] DELETE |
| NAME | ORLICH, IGNATZ | |
| STREET ADDRESS | 506 MAGNOLIA ST. | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 11 TITLE | [ ] Change [ ] Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | [ ] Change [ ] Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | [ ] Change [ ] Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | [ ] Change [ ] Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | [ ] Change [ ] Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | [ ] Change [ ] Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this report is correct to the best of my knowledge, and that I am an officer or director of the corporation or the agent designated to receive service of process for the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in any attachment to this report as required by Chapter 607, Florida Statutes, and that my name

**SIGNATURE:** [signature] 4/5/96 904-428-6335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Business Tel. #

CR2E034 (12/95)