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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500004017 (8)

TRUSSWAY PARTNERS, INC.

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 9411 ALCORN 9411 ALCORN HOUSTON TX 77093 HOUSTON TX 77093 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/21/1995 2. Principal Place of Business 2a. Mailing Address Applied For 84-1316294 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zìp Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent C T CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Addition 1.1 TITLE Change TITLE ROTTO, RICHARD L 1.2 NAME NAME 9411 ALCON STREET ADDRESS 1.3 STREET ADDRESS HOUSTON TX CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SHAFER, CLIFTON 2.2 NAME NAME 9411 ALCORN STREET ADDRESS 2.3 STREET ADDRESS HOUSTON TX 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE IGNELZI, EMERIC NAME 3.2 NAME 8850 TRUSSWAY BLVD STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE ROGERS, CHARLES NAME 4. 2 NAME 9411 ALCORN STREET ADDRESS 4.3 STREET ADDRESS HOUSTON TX CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE HECHINGER, HERTA G NAME 5.2 NAME 9411 ALCONR STREET ADDRESS 5.3 STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP 5.4 CITY-ST-ZIP ___ DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIF

14. I hereby certify that the information supplied with this filling 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 13 if changed, go on an attachment with an address.

fails Hechinger, Treas. 1/6/98 SIGNATURE: 9

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