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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G24100

(1)

CHECKMATE TRUCK BROKERAGE, INC.

Principal Place of Business Mailing Address 25201 S.W. 147TH AVENUE 220 S. FLAGLER AVE

FILED Feb 03 1998 8:00am Secretary of State



HOMESTEAD FL 33031 HOMESTEAD FL 33031 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2260708 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHAMBERS, THOMAS R. 25201 SW 147 AVE Street Address (P.O. Box Number is Not Acceptable) 82 HOMESTEAD FL 33031 83 84 City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 11 THIE Change Addition TITLE CHAMBERS, THOMAS R. 1.2 NAME NAME 25201 S.W. 147TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS HOMESTEAD FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE **CHAMBERS, THOMAS** 22 NAME NAME 25201 SW 147 AVENUE STREET ADDRESS 2.3 STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 eiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the informatindicated on this annual paper officer or director of the Block 12 or Block 15