## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

G89147 **DOCUMENT #** 

(4)

LEIBA TRUCKING, INC.

Maiing Address



Sure, Apt. #. etc.  Sure, Apt. #. etc.  Sure, Apt. #. etc.  Sure, Apt. #. etc.  City & State  City &	Place of Bu	Business	Maing Address					
2. Principal Place of Business 2. Mailing Address 2. A FET Normers 2. April 592395093								
Successful to the provisions of Sactions 607.0500 and 607.1508. Florids Statutes, the above corregistered agent or registered agent agent or both, in the provisions of Sactions 607.0500 florids. Statutes, the above named corporation submits, this statement for the purpose of changing its regist or registered agent or both, in the Subtry of Florids. Statutes, the above named corporation submits, this statement for the purpose of changing its regist or registered agent or both, in the Subtry of Florids. Such change was authorized by the corporation submits, this statement for the purpose of changing its regist or registered agent or both, in the provisions of, Saction 607.0500, florids Statutes. The above named corporation submits, this statement for the purpose of changing its regist or registered agent or both, in the provisions of, Saction 607.0500, florids Statutes. The above named corporation submits, this statement for the purpose of changing its regist or registered agent and occur the obligations of, Saction 607.0500, florids Statutes. The above have publicated and corporation submits, this statement for the purpose of changing its regist or registered agent and occur the registered agent and o								
Suite, Apt. #, etc.    Suite, Apt. #, etc.	pal Place of	of Business	2a. Mailing Address					Applied For
Suite, Apt. #, etc.  27 City & State Country Spinor and Address of Current Registered Agent  LEBA, ALEX 2059 PINEHURST DRIVE W.PALM BCH. FL 33407  B1 Name B2 Street Address (P.O. Box Number is Not Acceptable)  B3  City & State Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable)  B3  City & State Address of New Registered Agent B1. Pursuant to the provisions of Sections 607,0507 and E07,1508, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0507 and E07,1508, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0507 and E07,1508, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0507 and E07,0505, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0507 and E07,0505, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0507 and E07,0505, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0507 and E07,0505, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0507 and E07,0505, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0507 and E07,0505, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0507 and E07,0505, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0507 and E07,0505, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0505, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0505, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0505, Floridal Statutes City B1. Pursuant to the provisions of Sections 607,0505, Floridal Statutes City B1	•		26			59-2395093		Not Applicable
City & State  28  29  Country  29  Country  29  29  30  Country  30  8. This corporation has liability for intemptite tax under is 199 Florida Statutes  9. Name and Address of Current Registered Agent  LEIBA, ALEX  2059 PINEHURST DRIVE  W.PALM BCH. FL 33407  10. Name and Address (P.O. Box Number is Not Acceptable)  82  Street Address (P.O. Box Number is Not Acceptable)  83  64  City  FL  85  64  City  FL  85  Country  65  64  City  FL  85  Country  68  64  City  FL  85  Country  68  65  Country  68  66  Country  68  67  Cotter Address (P.O. Box Number is Not Acceptable)  68  69  Cotter Address (P.O. Box Number is Not Acceptable)  68  69  Cotter Address (P.O. Box Number is Not Acceptable)  69  Cotter Address (P.O. Box Number is Not Acceptable)  69  Cotter Address (P.O. Box Number is Not Acceptable)  69  Cotter Address (P.O. Box Number is Not Acceptable)  60  Cotter Address (P.O. Box Number is Not Acceptable)  61	Apt. #, etc	tc.	<u> </u>			5. Certificate of Status Desired	1 1	75 Additional ee Required
28	State		h			6. Election Campaign Financing	\$5	.00 May Be
Zip Country Zip Signature			28				dded to Fees	
9. Name and Address of Current Registered Agent  LEIBA, ALEX 2059 PINEHURST DRIVE W.PALM BCH. FL 33407  11. Fursuant to the processors of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both in the Statut of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both in the Statut of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its regist or registered accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE SIGNATURE 12. OFFICE HS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE HS AND DIRECTORS.  DITLE PD		Country	Zip	Count	ry			rs 199.032,
LEIBA, ALEX 2059 PINEHURST DRIVE W.PALM BCH. FL 33407  83  City FL 85  City FL 86  City FL		25	29	30				
LEIBA, ALEX 2059 PINEHURST DRIVE W.PALM BCH. FL 33407  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City FL 85 Zop Co  85 City FL 85 Zop Co  86 Pinehurst in the provisions of Sections 607,0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist or registered agent, or both, in the Statu of Florida Such change was authorized by the corporation's bloard of directors. Thereby accept the appointment as registered age framework in and accept the obligations of, Section 607,0505, Florida Statutes  SIGNATURE  Signature Nived of prince face of registering plants and accept the obligations of, Section 607,0505, Florida Statutes  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTER PO DELETE 1 THILE  NAME  LEIBA, ALEX 2059 PINEHURST DRIVE  USST PALM BEACH FL  14 City St. Zip  Change	9.	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent			10. Name and Address of New I	Registered Agent	
2059 PINEHURST DRIVE W.PALM BCH. FL 33407  84 City FL 85 Zep Co  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 regist or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered age familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, bit of or prince familiar being lateral agent as other 4.4 shields.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INCLE PD DELETE  11 TILLE  Change				8	1 Name			
### Parameter   Pa	LEIBA. ALEX				2 Street Ad	dress (P.O. Box Number is Not Acceptal	ble)	
### City   FL   85   Zp Co    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 regist or registered agent, or both, in the State of Florida Statutes or registered agent, or both, in the State of Florida Statutes      Signature   Signatu	59 PINEH	Hurst Drive		Ľ		· · · · · · · · · · · · · · · · · · ·		
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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered age familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    Signature   Synthes had directors of the chaptered agent as other taggloidae.   (#x)(E fregiones Apin Synthes produce agent as other taggloidae.   (#x)(E fregiones Apin Synthes produce agent as other taggloidae.   (#x)(E fregiones Apin Synthes produce agent as other taggloidae.   (#x)(E fregiones Apin Synthes produce agent as other taggloidae.   (#x)(E fregiones Apin Synthes produce agent as other taggloidae.   (#x)(E fregiones Apin Synthes produce agent as other taggloidae.   (#x)(E fregiones Apin Synthes produce agent as other taggloidae.   (#x)(E fregiones Apin Synthes produce agent as other taggloidae.   (#x)(E fregiones Apin Synthes produce agent as other taggloidae.   (#x)(E fregiones Apin Synthes produce agent as other taggloidae.   (#x)(E fregiones Apin Synthes produce agent as other taggloidae.   (#x)(E fregiones Apin Synthes and the produce agent ag	PALM BC	CH. FL 33407		8	3			
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or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board or detectors thereby discept the appointment as registered agent with, and accept the obligations of, Section 607.0505, Florida Statutes    SIGNATURE								
NAME  LEIBA, ALEX 2059 PINEHURST DRIVE CITY-ST-ZIP WEST PALM BEACH FL  DELETE  12 NAME 13 STREET ADDRESS 14 CITY-S1-ZIP  LEIBA, AVA 22 NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL  DELETE  24 CITY-S1-ZIP  TITLE NAME 31 TITLE NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  14 CITY-S1-ZIP  Change	Signat		ID DIRECTORS		jeni signatura indi		FICERS AND DIRE	
STREET ADDRESS   2059 PINEHURST DRIVE   1.3 STREET ADDRESS   1.4 CITY - ST - ZIP	F			1.1100	E		Cha	nge 🔲 Addition
CITY-ST-ZIP	L	LEIBA, ALEX		1.2 NAM	E			
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NAME   LEIBA, AVA   2 2 NAME   2 3 STREET ADDRESS   2059 PINEHURST DRIVE   2 3 STREET ADDRESS   2 4 C(17-ST-Z)P	ZIP V	WEST PALM BEACH FL		1.4 CITY	- S1 - ZIP			
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64.01Y-S1-ZIP

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

ITLEX LEBA
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 407-842-6882