

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H62169 (8)

1. Corporation Name
B.C.E. TRUCKING, INC.

Principal Place of Business

2281 NW 82ND AVE
MIAMI FL 33126
US

Mailing Address

1000 SOUTH OCEAN BOULEVARD
SUITE 90
POMPANO BEACH FL 33062-6615
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

ROSS, HARRY J. (ESQU
6100 GLADES ROAD
SUITE 201
BOCA RATON FL 33434

3. Date Incorporated or Qualified

06/12/1985

3a. Date of Last Report

06/18/1996

4. FEI Number

59-2551932

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 No

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 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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP
EAGLESTON, BRIAN
1000 SOUTH OCEAN BOULEVARD, #9D
POMPANO BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE NAME STREET ADDRESS CITY-ST-ZIP

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE NAME STREET ADDRESS CITY-ST-ZIP

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE NAME STREET ADDRESS CITY-ST-ZIP

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE NAME STREET ADDRESS CITY-ST-ZIP

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE NAME STREET ADDRESS CITY-ST-ZIP

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE NAME STREET ADDRESS CITY-ST-ZIP

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE NAME STREET ADDRESS CITY-ST-ZIP

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

14. I do 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Brian C. Eagleston* *May 22 1997* *305 472-1129*

CR2E034 (9/96)