

**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 # J24407  
 1. Corporation Name

**SOUTH ATLANTIC TRUCKING, INC.**

Principal Place of Business: **P.O. BOX 522191 MIAMI, FL 33158**  
 Mailing Address: **P.O. BOX 522191 MIAMI, FL 33158**

3. Date Incorporated or Qualified <b>7/17/1986</b>	3a. Date of Last Report <b>7/26/96</b>
4. FEI Number <b>59-2693487</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. State, Apt. #, etc.	2a. Mailing Address
22. City & State	26. Suite, Apt. #, etc.
23. Zip	27. City & State
24. Country	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent  
**FORMAN, TERRY J.**  
**1521 SW LEJEUNE ROAD**  
**CORAL GABLES, FL 33134**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PS	O'DONNELL, WILLIAM	1414 NW 107 AVENUE	MIAMI, FL 33172	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

*Handwritten:* RAO 5-9-97

**300002186123**  
**-05/21/97--01010--035**  
**\*\*\*165.00**

14. I (we) hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William O'Donnell* **WILLIAM O'DONNELL** **4/29/97** **305-477-1322**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)