FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:35

DOCUMENT # K35983 (1)

1. Corporation Name
FLORIDA TRUCK BROKERS, INC.

Principal Place of Business	Mailing Address
345 N. U.S. 27 SUITE A SOUTH BAY FL 33493	~~345 N. U.S. 27~~ P.O. Box 100 ~~SUITE A~~ SOUTH BAY FL 33493

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1988
3a. Date of Last Report: 09/20/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 100
Suite, Apt. #, etc.
27
City & State
28 South Bay, Flg.
Zip 29 33493 Country 30 U.S.

4. FEI Number: 65-0076089 ☐ 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

9. Name and Address of Current Registered Agent

KAPLAN, STEVEN J
18700 BIG CYPRESS DR.
JUPITER FL 33458

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, STEVEN	1.2 NAME	
STREET ADDRESS	18700 BIG CYPRESS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	NORMAN, WILLIAM G.	2.2 NAME	
STREET ADDRESS	13340 BEDFORD MEWS CT.	2.3 STREET ADDRESS	P.O. Box 327 N/A
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	South Bay Flg. 33493
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HILYER, DONALD	3.2 NAME	
STREET ADDRESS	13940 FOLK STONE CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	YATES, AMANDA	4.2 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY FL 33493	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donald Hilyer 3-19-95 758-1095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440183 FP