FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K35983** **(1)**

1. Corporation Name
FLORIDA TRUCK BROKERS, INC.

Principal Place of Business
345 N. U.S. 27
SUITE A
SOUTH BAY FL 33493

Mailing Address
P.O. BOX 100
SUITE A
SOUTH BAY FL 33493
US

3. Date Incorporated or Qualified: 09/30/1988
3a. Date of Last Report: 04/14/1995

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

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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 ☐ No

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: Donald Hilyer
82 Street Address (P.O. Box Numbers Not Acceptable): 13940 Folkstone Cir Apt. B
83
84 City: Wellington **FL** 85 Zip Code: 33414

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] Donald Hilyer 4-29-96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KAPLAN, STEVEN	
STREET ADDRESS	18700 BIG CYPRESS DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	☐ DELETE
NAME	NORMAN, WILLIAM G.	
STREET ADDRESS	P.O. BOX 327	
CITY-ST-ZIP	SOUTH BAY FL	
TITLE	D	☐ DELETE
NAME	HILYER, DONALD	
STREET ADDRESS	13940 FOLK STONE CIR.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	ST	☐ DELETE
NAME	YATES, AMANDA	
STREET ADDRESS	P.O. BOX 100 N/A	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☑ Change ☐ Addition
1.2 NAME	S. Kaplan	
1.3 STREET ADDRESS	P.O. Box 887	
1.4 CITY-ST-ZIP	Loxahatchee, Fla 33470	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Pres	☑ Change ☐ Addition
3.2 NAME	Donald Hilyer	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Donald Hilyer 4-29-96 (407) 996-2916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)