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Mar 05 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 # 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 33493-0100
US



3. Date Incorporated or Qualified 09/30/1988
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 P.O. Box 887		65-0076089		Not Applicable	
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		81.75 Additional Fee Required	
23 City & State		28 Loxahatchee, Fla 33470		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		25 Country		29 33470		30 US	
26 Country		27 Zip		28 33470		29 US	

9. Name and Address of Current Registered Agent

DONALD HILYER
13940 FOLKSTONE CIR
APT B
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	KAPLAN, STEVEN	1.2 NAME	
STREET ADDRESS	P.O. BOX 887	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	NORMAN, WILLIAM G.	2.2 NAME	
STREET ADDRESS	P.O. BOX 327	2.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTH BAY FL	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	
NAME	DONALD HILYER	3.2 NAME	
STREET ADDRESS	13940 FOLKSTONE CIR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	
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	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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* Donald Hilyer 2-20-97 561-798-1095
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)