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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **K40937**

1. Corporation Name

SOUTHEAST FLORIDA TRUCKING, INC.

				-							
Principal Place of Business		Ma	Mailing Address								
% HENRY O'BRIEN			% HENRY O'BRIEN								
4211 NW 38 TER			4211 NW 38 TER				DO NOT WRITE	OT WRITE IN THIS SPACE			
FT LAUDERDALE FL 33309		FI	FT LAUDERDALE FL 33309				3. Date Incorporated or Qualified				
							10/21/1988			Į	i
2 Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number	··	Apı	olied For	
2. Principal Place of Business		— —	26				65-0083945		No	Applicable	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.					, ,	8.75 A	dditional	
22		27	27				5. Certifcate of Status Desired		Fee Re	quired	
City & State			City & State				6. Election Campaign Financing		\$5:00	May Be	-
23		28					Trust Fund Contribution		Added t	Fees	
Zip	Country		Zip	Соц	ıntry		8. This corporation owes the current	year Intang			
24	25	29		30			Personal Property Tax.			□No	
	9. Name and Address of	f Current Regis	tered Agent		L,		10. Name and Address of New Reg	istered Age	<u>nt</u>		
					81	Name					
	RIEN, HENRY				82	Street Add	dress (P.O. Box Number is Not Acceptable	•)			
	NW 38 TER						·				
FTL	AUDERDALE FL 33309				83						
					84	City			35 Zip C	Code	
					100	O.Ly		FL□			1
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office or re agent. I a	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept t	he State of Florid	da. Such change was	authorized	a by tr	named cor he corpora	rporation submits this statement for the pur tion's board of directors. I hereby accept the	ie appointin	inging its ent as rec	gistered	
office or re	egistered agent, or both, in t m familiar with, and accept t Signature, typed or printed name of re-	he State of Florion he obligations of, gistered agent and title	da. Such change was, Section 607.0505, F	authorized Florida Stat OTE: Registered	d by tr tutes.	ne corpora	red when reinstating)	DATE			100
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14. I 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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90222 034 ***150.00