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**APPROVED AND FILED**

95 MAY -11 PM 12: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # K41402 (3)**

1. Corporation Name

**THE FRENCH TRUCK STOP, INC.**

Principal Place of Business

Mailing Address

3325 GRIFFIN ROAD  
DANIA, FL 33312

5721 SW 56th STREET  
DAVIE, FL 33314

USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1988  
3a. Date of Last Report: 02/10/94

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number: 65-0088021

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contributor

\$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

CAPUANO, SHARON  
5721 SW 56th STREET  
DAVIE, FL 33314

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

Signature (need or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II, 12

TITLE: P/S/T/  
NAME: CAPUANO, SHARON  
STREET ADDRESS: 5721 SW 56th STREET  
CITY-ST-ZIP: DAVIE, FL 33314

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

Change  Addition

TITLE: D  
NAME: CAPUANO, SHARON  
STREET ADDRESS: 5721 SW 56th STREET  
CITY-ST-ZIP: DAVIE, FL 33314

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

40000148589  
-05/12/95--01024--001  
\*\*\*\*225.00 \*\*\*\*225.00

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

5111

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

*Sharon Capuano*

SHARON CAPUANO

5/9/95 346-7284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR