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 # **L15730** **(9)**

1. Corporation Name
ALL TRUCK FRAME & SUSPENSION, INC.

Principal Place of Business
1951 N POWERLINE RD.
POMPANO BEACH FL 33069-1203

Mailing Address
1951 N POWERLINE RD.
POMPANO BEACH FL 33069-1203

3. Date Incorporated or Qualified: 09/14/1989
3a. Date of Last Report: 08/15/1995

4. FEI Number: 65-0140440 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Electoral 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 356 S.W. 14th Ave.
City & State
23 Pompano Bch, FL.
Zip 24 33069
Country 25 BROWARD

2a. Mailing Address
26
Suite, Apt. #, etc.
27 356 S.W. 14th Ave
City & State
28 Pompano Bch, FL.
Zip 29 33069
Country 30

9. Name and Address of Current Registered Agent
PETERS, DEBORAH A
2401 NE 5TH AVE
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
356 S.W. 14th Avenue
83
Pompano Bch, FL
84 City — FL — 85 Zip Code 33069

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	PETERS, DEBORAH A	
STREET ADDRESS	2560 NE 15TH AVENUE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	DVT	☐ DELETE
NAME	PETERS, CARL R	
STREET ADDRESS	2560 NE 15TH AVENUE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
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: Deborah A. Peters, Deborah A. Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/96 (954)784-0099
Date Daytime Phone

CR2E034 (12/95)