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FILED

May 28 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 # M21005

(7)

1. Corporation Name

TRA-LIN TRUCK BROKERS, INC.



Principal Place of Business

3791 EDISON AVE  
FT MYERS FL 33916  
US

Mailing Address

3791 EDISON AVE  
FT MYERS FL 33916-4705  
US

3. Date Incorporated or Qualified

09/24/1985

3a. Date of Last Report

04/22/1996

2. Principal Place of Business

21 537 Construction Co.

2a. Mailing Address

26 P.O. Box #39

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 LEHIGH ACRES, FL.

24 33936

25 LEE

27 City & State

28 LEHIGH ACRES, FL.

29 33970

30 LEE

4. FEI Number

59-2686658

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

10. Name and Address of New Registered Agent

WOLFSON, DAVID A.  
15321 S DIXIE HWY, SUITE #200  
MIAMI FL 33157

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP

NAME OLDING, CLAYTON

STREET ADDRESS 11 ILLINOIS RD.

CITY - ST - ZIP LEHIGH ACRES FL

DELETE

TITLE SDT

NAME OLDING, LINDA

STREET ADDRESS 11 ILLINOIS RD.

CITY - ST - ZIP LEHIGH ACRES FL

DELETE

TITLE VP

NAME OLDING, TRACY

STREET ADDRESS 11 ILLINOIS ROAD

CITY - ST - ZIP LEHIGH ACRES FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)