


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M30235 (9)
1. Corporation Name
S 3 P TRUCKING COMPANY, INC.

Principal Place of Business 551 NW 107 AVE STE 201 MIAMI FL 33172 US	Mailing Address 551 NW 107 AVE STE 201 MIAMI FL 33172 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1986	4. FEI Number 59-2656520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 P.O. Box 61466 Suite, Apt. #, etc. 22 City & State Jacksonville, FL 23 Zip 32236 24 Country U.S.A.	2a. Mailing Address 26 P.O. Box 61466 Suite, Apt. #, etc. 27 City & State Jacksonville, FL 28 Zip 32236 29 Country U.S.A.
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9. Name and Address of Current Registered Agent BEHAR, S AMUEL 551 NW 107 AVE MIAMI FL 33172	10. Name and Address of New Registered Agent 81 Name Behar, Samuel 82 Street Address (P.O. Box Number is Not Acceptable) 551 N.W. 107 Ave. 83 Suite 103 84 City Miami FL 85 Zip Code 33172
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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  SAMUEL BEHAR DATE 1/17/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEHAR, SAMUEL 10720 SW 52ND TERR. MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD BEHAR, SAMUEL 551 N.W. 107 Ave. Suite 103 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

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 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:  SAMUEL BEHAR 1/17/98 8006187292

CR2E034 (10/97)