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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M91407

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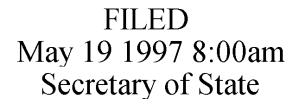
WORLD DUMP TRAILERS, INC.

Principal Place of Business

Mailing Address

4569 SE 95TH STREET

4569 SE 95TH STREET





OCALA FL 344	180	OCALA FL 34480-8222	:			
					3. Date Incorporated or Qualified 07/21/1988	3a. Date of Last Report 05/01/1996
2. Principal P	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2900076	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Oountry 30	/	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,] Yes □ No
	g, Name and Address o	f Current Registered Agent			10. Name and Address of New Reg	jistered Agent
BAIA	ARDI, SHARON A.		81	Name		
4561	9 SE 95TH STREET		82	Street Add	ress (P.O. Box Number is Not Acceptab	Je)
OCA	ALA FL 34480		83	Silber Add	ress (F.O. Dox Number is Not Acceptab	ie,
· .:			84	City		FI 85 Zip Code
11. Pursuant	to the provisions of Sections	607,0502 and 607,1508, Florida Statute	es, the abov	e-named corr	poration submits this statement for the p	urpose of changing its registered
agent. I a	registered agent, or both, in t im familiar with, and accept the	he State of Florida. Such change was a ho obligations of, Section 607.0505, Flo	authorized by orida Statute:	y the corpora s.	tion's board of directors. Thereby accep	t the appointment as registered
SIGNATURE	Signature, typed or printed name of reg	pistored agent and title if applicable. [NOTI	E Rogis ered Age	ent signature requ	ired when reinstating)	DATE
12.		ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	P8	DELETE	1.0, THILE			Change Addition
NAME :	BAIARDI, SHARON A.		1.2 NAME	ļ		
STREET ADDRESS	4569 SE 95TH ST.		1.3 STREET	ADDRESS		
OTY-ST-ZIP	OCALA FL		1.4 CITY - 5	ST - ZIP		
TITLE	·	DELETE	2 1 TITLE			Change Addition
NAME	1		2.2 NAME		,	
STREET ADDRESS			23 STREET	ADDRESS	•	
CITY-ST-ZIP		- Deleve	2 4 CITY-	ST-ZIP		
TITLE		DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CATY-ST-ZIP		DELETE	3.4 CITY-	ST-ZIP		Change Addition
TITLE	et .	C) DETELE	4.1 TITLE			LI CHANGE LI ADDITION
NAME OXOCCY ADDRESS			4. 2 NAME	4000000		
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE		DELETE	4.4 CHTY-S 5.1 TITLE	SI-ZIP		Change Addition
NAME			5.2 NAME			Finantia Financial
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDOCCO		
1.						
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 5 6.1 TITLE	SI-ZIP		Change Addition
NAME	·	_ State	6.2 NAME			C Auturillo
STREET ADDRESS			6.3 BTREET	T ADDDESS		
	1.4					
CITY-ST-ZIP	I .		6.4 DHY - 9	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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name