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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
1. Corporatio	MENT # Name TRUCKING & G	192733	•	(8)					
Principal Place of Business 3300 NW 27TH AVE POMPANO BEACH FL 33084			Mailing Address 10140 NW 39TH COURT CORAL SPRINGS FL 33065-1531				[10010011 310 (0(12 1)0)) (\$992 1) 102 194	\$1611 a.an) alan 2(844 \$1211 2121) (891	
VS			l and the first and				3. Date Incorporated or Qualified 07/27/1988	3s. Date of Last Report 03/19/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For Not Applicable		
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.			65-0065038	SR 75 Additional	-
22		-	27				5. Certificate of Status Desired	Fee Required	
City & Stat	e		City & State	9			6. Election Campaign Financing	\$5.00 May Be	ı
23 Zip	Cou	intry	28		Country		Trust Fund Contribution 8. This corporation has liability for	ntaggible tax upder s. 199 032	\dashv
24	25	•	29	ļ	30			Yes No	
		dress of Current	Registered Agen	t			10. Name and Address of New Re	gistered Agent	긔
DE WERTH, JAY D.					81	Name			
10140 N.W. 39TH COURT					82	Street Add	ress (P.O. Box Number is Not Acceptat	le)	\neg
COI	ral springs fl	33065			83		·		ㅓ
					84	Cit		leal at Code	_{
					84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of S	ections 607.0502	and 607,1508, Flo	rida Statute	s, the abov	e-named corpora	poration submits this statement for the partion's board of directors. I hereby accept	urpose of changing its registered	ď
agent. I a	im familiar with, and	accept the obligat	ions of, Section 60	7.0505. Flor	rida Statute	S.	mond board of silectors. Thereby accept	the appointment as regionates	-
SIGNATURE	Signature Typed or printed	camp of reputers dispost	and tills if population	(MCIII)	Donistand Am	ard gianatura man	ized when reinstating)	DAIL	-
12.	Congression Type of the February	OFFICERS AND		(1011	13.	an agratore requi	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD		DELETE		1.1 TITLE			Change Additio)n
NAME	DEWERTH, JAY				1.2 NAME				Ì
STREET ADDRESS	10140 N.W. 391					F ADDRESS			
CITY-ST-ZIP TITLE	CORAL SPRING	S FL		DELETE	1.4 CITY - 9 2.1 T/TLE	aT - ZIP		Change Addition	\exists
NAME	sd Dewerth, Line	NA.		DELETE	2.2 NAME			Change C Addition	"' <u>{</u>
STREET ADDRESS	10140 N.W. 391				2.3 STREET	ADDRESS			
CITY-S1-ZIP	CORAL SPRING				2. 4 CITY-				
TITLE	Ť			DELETE	3.1 TITLE			Change Additio	ın
NAME	DEWERTH, DAL				3 2 NAME				Į
STREET ADDRESS	11560 NW 39 S				3.3 STREET				
CHY-ST-ZIP	CORAL SPRING	S FL		DELETE	3.4. CITY -	ST-ZIP		Change Addition	_
TITLE NAME :				DCLL IL	4.1 TITLE 4. 2 NAME			El cualida El Mantini	"'
STREET ADDRESS						I ADDRESS			1
CITY - ST - ZIP	_		_		4.4 CHY - S	1			
TITLE				DELETE	5.1 TITLE			Change Additio)N
NAME					5.2 NAME				ļ
STREET ADDRESS						r Address			
CITY-ST ZIP			· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY - 9	T - ZIP		Change Addition	_
TITLE NAME				DELLIL	6.1 TITLE 6.2 NAME			ш спапус ш жиовио	^'
STREET ADDRESS					1	T ADDRESS			1

CITY-ST-ZIP 6.4 CITY - ST - ZIP 4. (10) A control of 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 in changed, or on an attachment with an address.

FILED

Feb 18 1997 8:00am