DOCUMENT # N9900003045 1. Entity Name INDEPENDENT CONTRACT DRIVERS ASSOCIATION, INC.					FILED Apr 04, 2000 8:00 am Secretary of State 04-04-2000 90009 001 ****70.00				
Principal Place of Business Mailing Address									
540 E. MCNAB RD., STE. C POMPANO BEACH FL 33080		540 E. MCNAB RD., STE. C POMPANO BEACH FL 33060-9354							
2. Principal Place of Business 3. Mailing Address								n ma	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·				YEL OKLI (OOL	
						E IN THIS SPACE			
City & State		City & State		4. FEI Number	928231			plied For t Applicable	
Zip	Country	Zip	Country		f Status Desired	\$8.7 Fee F	75 Add Tequired	litional .	1
	6. Name and Address of Current R	egistered Agent	Name	7. Name and A	ddress of New Re				
RUMORE, C. ATNHONY ESQ. 540 E. MCNAB RD., STE. C				Street Address (P.O. Box Number is Not Acceptable)					
						, 			$\frac{1}{2}$
POMPAN	D BEACH FL 33060		City			FL Z	ip Code		-
8. The above named entity submits this statement for the purpose of changing its re-			egistered office or re	egistered agent, or both	in the state of Flor				-
SIGNATURE	Signature, typed or printed name of registered agent an FILE NOW: FEE IS \$61.25	d title if applicable. (NOTE: 9. Election Campaign Trust Fund Contribu	. řn '	required when reinstating) \$5.00 May Be Added to Fees		Check Paya partment of S			
10.	OFFICERS AND DIRE		11,	ADDITIONS/CHAI				10	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Delete GEORGE R. SCHROEDER 540 E. MCNAB ROAD, <u>POMPANO BEACH, EL 33060</u> SECRETARY/TREASURER Delete C. ANTHONY RUMORE 540 E. MCNAB ROAD <u>POMPANO BEACH, FL 33060</u> DIRECTOR Delete SAM D HACKETT		TITLE NAME Street Address City-st-zip		NGES TO OFFICE		CHS IN_	Addition	CE2EN37 (0/00)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				nange	Addition	
 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 									
SIGNAT		TED NAME OF SIGNING OFFICER OF			Date	Daytime Pl			

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