

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

FILED
May 08 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 # **P26618** (9)
1. Corporation Name
NATIONAL SEMI-TRAILER CORP.



Principal Place of Business 6015 PARDEE ROAD TAYLOR MI 48180	Mailing Address 7208 SAND LAKE ROAD SUITE 206 ORLANDO FL 32819 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1989	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 38-2148290	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 Suite 202	28 City & State	31	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28	29 Zip	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	29	30 Country	33	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	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROMLEY, RANDALL E	1.2 NAME	
STREET ADDRESS	7208 SAND LAKE ROAD, SUITE 206	1.3 STREET ADDRESS	7208 Sand Lake Road, Suite 202
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROMLEY, JOSEPH C.	2.2 NAME	
STREET ADDRESS	3013 LINDENWOOD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI	2.4 CITY-ST-ZIP	
TITLE	DO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, CRAIG	3.2 NAME	
STREET ADDRESS	25730 ARCADIA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NOVI MI	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, LOUIS	4.2 NAME	
STREET ADDRESS	6015 PARDEE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAYLOR MI	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTE, JOSEPH	5.2 NAME	
STREET ADDRESS	6015 PARDEE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAYLOR MI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	S
STREET ADDRESS		6.3 STREET ADDRESS	Gerald C. Goschinski
CITY-ST-ZIP		6.4 CITY-ST-ZIP	7208 Sand Lake Road, Suite 202 ORLANDO FL 32819

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:

Gerald C. Goschinski - Secretary 4-22-98

CR2E034 (10/97)