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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P39077

(3)

AIR FRESH TRUCKING, INC. Principal Place of Business 2351 POWELL ST. SUITE 500 SAN FRANCISCO CA 94133 US POST OFFICE BOX 3532 SAN FRANCISCO CA 94119 US						Date Incorporated or Qualified 3a. Date of Last Report			
9 Dringle at Dt		1 2		·	·· *	05/27/1992		03/22/19	95
rincipal Ma	ace of Business	2a. 26	Mailing Address			4. FEI Number			Applied For
Suite, Apt. #	#, etc.	20]	Suite, Apt. #, etc.			94-1666420		L	Not Applicable Additional
2		27				Certificate of Status Desired		•	Additional Required
City & State)		City & State			6. Election Campaign Financin	ig _		O May Be
3		28		······		Trust Fund Contribution		Adde	d to Fees
Zip 4	Country	ļ. <u></u> ,	Zip	Countr	У	8. This corporation has liability		tax under s	199.032,
41	25 9. Name and Address of Curr	29 rent Regis	lered Agent	30		Florida Statutes 10. Name and Address of Ne	Yes No	d 5	
		, our nogra	nered rigent	81	Name	ro. Name and Address of Ne	w Registere	o Agent	
O T CC	ADDADATIONI EVETEM								
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.				62	Street Add	dress (P.O. Box Number is Not Acce	ptable)		
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or register	o trie provisions of Sections 607,05 ed agent, or both, in the State of Ft	xuz and 60	7 1508 Honda Stat	utoe the shows		ration submits this statement for the	numbers of a	changing its r	egistered office
ACT TO THE PARTY	h, and accept the obligations of, Si	onda. Such ection 607.	change was autho 0505, Florida Statul	rized by the corper.	poration's boa	pration submits this statement for the ard of directors. I hereby accept the	appointment	as registered	Lagent, Lam
SIGNATURE _	ar, and accept the obligations of, or	ection tour.	esos, rionua Statui	es.				as registered	l agent. I am
SIGNATURE _	th, and accept the obligations of, Si Signature, typed or protect name of resistancial a OFFICERS A	pent and tale if a	esos, rionda Statut apricable	rized by the corp es. NOTE Registered Age		ed when reinstating)	DATE		
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SIGNATURE:

ISE AND WHEN OR ARINITED NAME OF JOHNING OFFICER OF DIRECTOR

(415)34-4150