

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000011179 (7)

1. Corporation Name

FLORIDA TRUCK & EQUIPMENT BUYERS, INC.



Principal Place of Business

1633 E VINE ST
SUITE 118
KISSIMMEE FL 34744

Mailing Address

1633 E VINE ST
SUITE 118
KISSIMMEE FL 34744

3. Date Incorporated or Qualified
02/12/1993

3a. Date of Last Report
10/02/1995

2. Principal Place of Business

21 998 W Taft-Vineland Rd

2a. Mailing Address

26 998 W Taft-Vineland Rd

4. FEI Number

59-3166600

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Orlando, Florida

28 Orlando, Florida

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32824-8003

25 Orange

29 32824-8003

30 Orange

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, MARIA
1633 E VINE ST
SUITE 118
KISSIMMEE FL 34744

81 Name

Name

82 Street Address (P.O. Box Number is Not Acceptable)

998 W Taft-Vineland Road

83

84 City
Orlando

FL

85 Zip Code

328248003

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 fiduciary applicant.

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	D GONZALEZ, NORMAN	14348 HUNTING CT.	ORLANDO FL 32824	<input type="checkbox"/>
	D GONZALEZ, MARIA	14348 HUNTING CT.	ORLANDO FL 32824	<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add on
1.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Norman Gonzalez* SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 407-826-9010
Date Daytime Phone #

CR2E034 (12/95)