SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State Jul 25 1996 8:00 am 1996 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # P93000070394 (0) TECH-TRUCK, INC. Principal Place of Business Mailing Address 1751 S.W. 8TH STREET 1751 S.W. 8TH STREET 207 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Date Incorporated or Qualified 3a. Date of Last Benort 10/11/1993 08/01/1995 Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0446219 Not Applicable Suite, Apt. #, etc Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country This corporation has liability for intangible tax under s. 199 032 24 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SIDLOSCA, RANDALL L P.A. 1101 BRICKELL BAYSHORE AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 902 **R3 MIAMI FL 33131** City 85 Zip Code 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 the diapparative (NOT) Registered Agent's guature required when remitating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11TITLE Change Addition NAME NIR, AVI 1.2 NAME CR2E034 1751 SW 8 ST (207) STREET ADDRESS 1.3 STREET ADDRESS <u>Pompano Beach Fl</u> CITY-ST-ZIP 1.4 CITY - \$1 - ZIP TITLE DELETE 21 TITLE Change Addition NAME NIR, AVI 2.2 NAME STREET ADDRESS 1910 NW 39 AVE 2 3 STREET ADDRESS CITY - ST - ZIP **COCONUT CREEK FL 33066** 2 4 CITY - \$1 - ZIF TITLE DELETE 3 1 TITLE Change | Addition NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-ST-ZIP 34. CITY - ST - ZIP DELETE TITLE 4.1.1:TLE Change Add tion NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-7IP 5 4 CITY - ST - ZIE TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST-ZIP supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 and of this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if a qualific for the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and 14. I do hereby certify that the i formatio further certify that the information indic made under oath, that I am an officer of

attachment with an address

July 15 16. Payone Phone &

3 if changed, or o

that my name appears in

SIGNATURE: