

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000075704 (5)

1. Corporation Name

FLORIDA HEAVY TRUCK, INC.

Principal Place of Business

4100 POWERLINE RD  
T-5  
POMPANO BEACH FL 33073

Mailing Address

4100 POWERLINE RD  
T-5  
POMPANO BEACH FL 33073-3051

2. Principal Place of Business

21 Florida Heavy Truck, Inc.  
Suite, Apt. #4270 N.W. 19th Ave.  
22 Building 7, Bays A & B  
City & State  
23 Pompano Beach, FL 33064

2a. Mailing Address

26 Florida Heavy Truck, Inc.  
Suite, Apt. #4270 N.W. 19th Ave.  
27 Building 7, Bays A & B  
City & State  
28 Pompano Beach, FL 33064

24 Zip  
25 Country

29 Zip  
30 Country

9. Name and Address of Current Registered Agent

FINNEY, GREGG E  
4100 POWERLINE RD  
T-5  
POMPANO BEACH FL 33073

81 Name

GREGG E. FINNEY

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

4270 N.W. 19 Avenue, Bay A & B

83

Bldg. 7

84 City

POMPANO BEACH, FL

85 Zip Code

33064

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEY, GREGG E 4100 POWERLINE RD T-5 POMPANO BEACH FL 33073	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	FINNEY, GREGG E. 4270 N.W. 19 Avenue Bldg. 7 - Bay A & B POMPANO BCH. FL. 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: Gregg E. Finney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 - 954 - 975 - 9769

Daytime Phone #

CR2E034 (9/96)