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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000086483 (3)

DEL'S J & M TRUCKING, INC.

Principal Place of Business

3963A COCOPLUM CR.

COCONUT CREEK FL 33066

Mailing Address

3963A COCOPLUM CR. COCONUT CREEK FL 33066



o Daineirol I	2. Principal Place of Business 29 Mailing Address				12/13/1993 07		f Last Report 7/13/1995	
21 21 26		2a. Mailing Address	. Mailing Address		4. FEt Number 95-2653439		Applied For	
Suite, Apt. #, etc. Suite, A 22 27		Suite, Apt. #, etc.	Apt. #, etc.		5. Certificate of Status Desired See Required			
City & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution	\$5.	.00 May Be	
Ζφ 24	Country 25	Z(p 29	Gour 30	itry	This corporation has liability for Florida Statutes			
	Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Registered Agent		
DELGARDO, JOHN 3963A COCOPLUM CR. COCONUT CREEK FL 33066				81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83				
				B4 City		les!	7-0-1	
				- 1			Zip Code	
	to the provisions of Sections 607,0502 cred agent, or both, in the State of Floric ith, and accept the obligations of, Secti		s, the abov d by the co	e named corpor progration's bo	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing its pointment as register	s registered office ed agent. I am	
SIGNATURE	Signer in Typed or printed name of registered agent.	and the decolorable.	. Dogistani d					
12.	OFFICERS AND		13.	gent signature requi	red when reinstating)	DATE	F070 III 40	
TITLE	P	DELETE	1, 1 T/T	ıf T	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT		
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STREET ADDRESS	3963-A COLCOPLUM CIR.			EET ADDRESS				
CITY ST-ZIF	COCONUT CREEK FL 3306	3		(-\$1-ZIP				
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NAME	DELGARDO, MICHELE	_	2 2 NAM			. Change	e	
STHEFT ACCRESS	3963-A COCOPLUM CIR.		2 3 STREET ADDRESS					
CITY - S1 - ZiP	COCONUT CREEK FL 3306	3		-ST-ZIP				
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NAMÉ			6 2 NAM			Change	Addition	
STREET ADDRESS				-				
CHTY - ST - ZIP				ET ADDRESS				
	uv certify that the information supplied w	ith this filing is voluntarily furnis	6.4 CITY	· ST- ZIP	for the exemption stated in Section 110			

4. For the event in the information supplied with this thing is voluntarily turnished 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 on an attachment with an address.

SIGNATURE:

Muchule Welfard

1/17/96 305-977-8543