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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 02 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT # P9400	0016249 (2	2)		
1	ACHE TRUCKING, INC.	•	•		
					<u> </u>
Principal Plac	ce of Business	Mailing Address	·		881 8810 1 11818 81118 14811 E1818 1841 1 8 01
· .		7302 N.W. 58 WAY			
4851 N.W. 103 AVE. 7302 N.W. 58 WAY #41 PARKLAND FL 33067					
SUNRISE FL 33351				DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	
2 Principal F	Place of Business	2a. Mailing Address		02/24/1994 4. FEI Number	Applied For
21	ace of Bosiness	26		65-0514377	Not Applicable
		Suite, Apt. #, etc.			\$0.75 Additional
22	<u> </u>	27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	g, Name and Address of Current		30	Personal Property Tax due June 3 10. Name and Address of New Reg	
		Trogistored Agent	81 Name		Interior wheth
TANAUNE, ELIAS				DONNA PARHONE	
7302 N.W. 38 WAY PARKLAND FL 33067				Address (P.O. Box Number is Not Acceptable	9)
,	MAICHIO I C OOO		83	352 7155	
	7		94 63		Teel 7th Code
64 City				PARKLAND, PL	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607, 1508. Florida Statutes, the above-named corporation				corporation submits this statement for the pu	rpose of changing its registered
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Statutes.	poration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	The Addition of the con-	HEHE X X		vacle 1/2	0/98
12,	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered Agent s-gnature		DATE DIDECTORS IN AR
TITLE	PSTD CITICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	FARACHE, ELIAS		1.2 NAME	DONNA FARACHE 7302 DW 58 M Way	4-
STREET ADDRESS	7302 NW 58TH WAY		1.3 STREET ADDRESS	7302 DW 58 M Way	
CITY-ST-ZIP	PARKLAND FL 33067-2456		1.4 CITY - ST - ZIP	PARKLAND, FL 33067	
TITLE	PSTD	☐ DELETE	2.1 TITLE		Change Addition
NAME	DOWNA FARACHE,	do a	2.2 NAME		
STREET ADDRESS	DONNA FARACHE 1302 MW 58th W PARKLAND, FC 3.	jay	2.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND, PC 3.	3667	2.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	3.1 TITLE		L_ Change L_ Addition
NAME			3.2 NAME		
STREET ADDRESS)		3.3 STREET ADDRESS		
CITY-\$T-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TiTLE		Change Addition
NAME			4. 2 NAME		C) Change C Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	1		5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
A)T1/ AT T10	I .			I .	

14. Thereby 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.