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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham

1996

SIGNATURE:

Secretary of State
DIVISION OF CORPORATION

	1990	DIVISION C	OF CORPORATIONS			
DOCUMENT # P94000018777 (0) 1. Corporation Name						
SUPER	IOR ED'S TRUCK & AU	TO LEASING, INC.				
Principal Place of Business Mailing Address					/ BBIH BBID HADI ABAD ABAD ABAD	
1029 NE 5 TERR		5610 NE 15 AVE				
FORT LAUDERDALE FL 33304		FORT LAUDERDALE FL 33334				
US		US		3. Date Incorporated or Qualified	3a. Date of Last Re	ennd
				03/10/1994	04/21/199	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied Fo	
Suite, Apt. #, etc.		25				Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	11 '	Additional
City & State		City & State		6. Election Campaign Financing		Required
23		28		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution S5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation has liability for		199.032,
24	25 9. Name and Address of Cur	rent Registered Agent	30		cND	
	<u> </u>	Total Togistered Agent	81 Name	10. Name and Address of New F	legistered Agent	
Tubbergen, Edward a 500 N.E. 3rd St.						
			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
FORT LA	NUDERDALE FL 33301		83			
			84 City		85 Zig	o Code
11 Pursuant to	the provisions of Sections 607 Of	5(12 and 5127 1500 finally 64-1			- -	
or registere	ed agent, or both, in the State of F	lorida. Such change was author	ized by the corporation's boa	ration submits this statement for the purified of directors. I hereby accept the app	rpose of changing its re ointment as registered	egistered office agent. I am
	n, and accept the obligations of, S	ection 607.0505, Florida Statute	S.		•	
SIGNATURE	Signature, typeci or printed name of registered a	junt and their applicable (6	:O1E: Registered Agent signature require	ed when reinstating)	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
TITLE NAME	D TUBBEROEN FOWARD A	☐ DELETE	1 1 TITLE		Change	Addition
NAME TUBBERGEN, EDWARD A STREET ADDRESS 500 N.E. 3RD ST.			1.2 NAME			
CITY-ST-ZIP FORT LAUDERDALE FL 33301		የ የውነ	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE	TOTAL DIODETIONAL TE OC	DELETE	2 1 TITLE		Change	Addition
NAME			2.2 NAME		<u></u>	
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP		P	2 4 CITY-S1-ZIP			
TITLE NAME		DELETE	3. 1 TIFLE		Change	Addition
STREET ADDRESS			3.2 NAME			
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CITY+ST-ZIP			
TITLE		DELETE	4. 1 TITLE		[7] Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STHEET ADDRESS			,
CITY-ST-ZIP			4.4 CHY-ST-ZIP			
TITLE		DELETÉ	5 1 TITLE		Change	☐ Addition
NAME STREET ADDRESS			5 2 NAME			
CITY-ST-ZIP			5.3 STREET ADDRESS			
TITLE		DELETE	5.4 CrTY - ST - ZIP 6. 1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	and the state of t		6.4 C(TY - ST - ZIP			
oath; that I		nnual report or supplemental ani rporation or the receiver or trusti	nual report is true and accura se empowered to execute thi	or the exemption stated in Section 119. te and that my signature shall have the s report as required by Chapter 607, Fl		

THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR