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

Mailing Address

5610 NE 15 AVE

FORT LAUDERDALE FL 33334-5902

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Prace of Business

FORT LAUDERDALE FL 33304

1029 NE 5 TERR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000018777 (0)

SUPERIOR ED'S TRUCK & AUTO LEASING, INC.

					3. Date Incorporated or Qualified 03/10/1994	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0475729	Not Applicable	
Suite, Apt	#. etc	Suite, Apt. #, etc.		-		- ¢0.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State	0	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			, , , , , , , , , , , , , , , , , , , ,	Added to Fees	
Zψ>	Country	Zip	Countr	у	8. This corporation has liability for inta		
24	25	29	30			res No	
<u> </u>	9. Name and Address of Curre	. 1==1	1221		10. Name and Address of New Regis		
TUB	BERGEN, EDWARD A		81	Name			
500 N.E. SAD ST. 1029 N.G. S Terri				82 Street Address (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL-8888+ \$3844				Street	Address (P.O. Box Number is Not Acceptable)	ss (P.O. Box Number is Not Acceptable)	
, 01,	II DAUDLINDALL I C COOK I		83	 			
			"				
			84	City		85 Zip Code	
dd Dwy oot	10 H	00 2 007 4500 Fire the Out		<u> </u>		FL 50 EP 50	
office or r	egistered agent, or both, in the Stati	e of Florida. Such change was a	ies, the abov authorized b	e-named v the con	corporation submits this statement for the purporation's board of directors. I hereby accept the	pose of changing its registered he appointment as registered	
agent 1 a	m fam liar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statute	S.	,,,,,,,,,,,,,		
SIGNATURE							
	Signature, typed or printed name of registered as			ent aignature		DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TIME		☐ DELETE	1.1 TITLE		586	Change Addition	
NAME	TUBBERGEN, EDWARD A	o & The said	1.2 NAME		SHIRLEY & TUBBE	to en	
STREET ADDRESS	-500 N.E. ORD OT. /029 N		1.3 STREE	T ADDRESS	SCIONE IS OFF		
CiTY-S1-7⊮	FORT LAUDERDALE FL 3330		1.4 CITY-	ST-ZIP	FT LANdrade FI	33234	
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CHTY-ST-ZIP			2. 4 CITY-	ST-ZIP	²Ţ ŧ	· •	
TITLE		DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS .			
City-St-7if			3.4. CITY-				
TITLE	.,	DELETE	4.1 TITLE	U. 27		Change Addition	
NAME			4. 2 NAME	-		mangv bad i walliam	
STREET ADDRESS				r address			
)							
CITY-ST-ZIP TITLE		DELETE	4.4 CiTY+: 5.1 TiTLE	si-ZiP		Change I Addison	
i		[""] DETELE				Change Addition	
NAMÉ			52 NAME				
STREET ADDRESS			53 STREE	ADDRESS			
CHY-SI-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	61 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CHTY-S1-7F			64 CITY-S	ST-ZiP			

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:

FILED

Apr 09 1997 8:00am

Secretary of State