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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000050867 (8) **DOCUMENT #**

VALUE TRUCK & TRAILER SALES, INC. Principal Place of Business Mailing Address 3310 SE 6TH AVE 3310 SE 6TH AVE FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 3. Date Incorporated or Qualified 3a. Date of Last Report 07/07/1994 10/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0498873 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRAHAM, JANET 82 Street Address (P.O. Box Number is Not Acceptable) 3310 SE TH AVE FT. LAUDERDALE FL 33316 83 64 City 85 Zip Code 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 we authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a submit a with, and except the obligations of section 607,0505, for its appointment as registered agent. I am ear NOTE: Registered Agent signature required when reinstating: of registered agest 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THEFE □ DELETE 1 1 TITLE ☐ Change Addition GRAHAM, JANET 1.2 NAME 1652 POINSETTA DRIVE STREET ADDRESS 13 STREET ADDRESS FT. LAUDERDALE FL 33305 Color ST-ZiP 1.4 CITY - ST - 2IP TITLE DELFIE 2 1 TITLE ☐ Change Addition NAM 2.2 NAME STREET ADDRESS 23 STREET ADDRESS City - St - Zif: 2 4 City - St - ZiP TILLE DELETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY- ST. 20 3 4 CHTY - ST- ZIF 111, 8 DELETE 4 1 11116 Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS OTHEST ZIE 4 4 CiTY - ST - ZIF 111_8 DELETE 5 1 THE Change ☐ Addition MANA 5.2 NAME STRUET ADDRESS 5.3 STREET ADDRESS Oth-St 20 5 4 CITY - ST - ZIP 761.4 DELETE 6 1 TITLE ☐ Change Addition NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 appears in Block 12 or Block 13 if changed, or on an exact money with an address.

63 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

City - \$1 - 200

GNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINT