## 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

	MENT # P9400 TRUCK BROKERS INC.	0052441 (0	)	1 HAD HADH HIR HAKA BANH BANH BANK	ANIII KNIAL AHIA HAII AHIH AINLI HAI IRA
Principal Place of Business		Mailing Address			
19635 - 49 SOUTH STATE RD 7 SUITE 123 BOCA RATON FL 33498		18837 CLOUD LAKE CIRCLE BOCA RATON FL 33496 US		3. Date Incorporated or Qualified	3a. Date of Last Report
4-2				07/15/1994	04/04/1995
2. Principal Pla	nce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	f etc	Suite, Apt. #, etc.		65-0506769	Not Applicable
22 City & State		27 City & State		Certificate of Status Desired     Floating Compaign Financing	\$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes XX Yes	□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	tegistered Agent
	a de la gale		81 Name DIA	NE FENWICK	
E .	FENWICK, DIANE			ess (P.O. Box Number is Not Acceptab	
	ATLANTIO BLVD		83	37 CLOUD LAKE CIRCLE	
* <del>1'0111'111</del>	O BEACH FL 33089				
		_	84 City BOCA	A RATON, FL	FL 85 Zip Code 33496
	o the provisions of Sections 607.059 of agent, or both, in the State of Flor h, and accept the obligations of, Section IANE FENWICK		es, the above-named corpor- ed by the corporation's boar of the corporation's boar of the corporation of the	ation submits this statement for the pur of of directors. I hereby accept the apport	pose of changing its registered office bintment as registered agent. I am
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P	DELETE	1. 1 TITLE		Change Addition
NAME	FENWICK, DIANE		1.2 NAME		
STREET ADDRESS	18837 CLOUD LAKE CIR.		1.3 STREET ADDRESS		
CHTY+ST+ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP		
TIFLF	VP	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	FENWICK, WILLIAM		2 2 NAME		
STREET ADDRESS	18837 CLOUD LAKE CIR.		2 3 STREET ADDRESS		
CITY-ST-ZIF	BOCA RATON FL	ED DELETE	24 CITY - ST - ZIP		
bl.(		☐ DELF1E	3 1 Tifle		Change Addition
NAME STUCK ASSOCIATE			3 2 NAME		
STHEFT ADDRESS			3.3. STREET ADDRESS		
CITY - ST - ZIP		☐ DÉLETE	3.4 CITY~\$1~ZIP 4. 1 TITLE		Change Addition
NAME			4.2 NAME		Change Chancon
STREET ADDRESS			4.3 STREET ADDRESS		
C 1Y-\$1-7/P			4.4 CITY - ST - ZIP		
TillE		DELETE	5 1 TITLE		Change Addition
NAM:			5 2 NAME		C stands C stantion
STREET ADDRESS			5 3 STREET ADDRESS		
City - St - ZiP			5.4 CITY - ST - ZIP		
TIBLE		DELETE	6. 1 TITLE		Change Addition
		_	<b>I</b>		

64CIY-51-2IP

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 oath; that I am an officer or director of this 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 attrichment with an address.

SIGNATURE:

SIGNATURE:

Dignature and Type or Brinted Name of Signing Officer or Director

DIANF FERMICK

**63 STREET ADDRESS** 64 CITY-ST-ZIP

STREET ADDRESS.