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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400087825 (3) 1. Corporation Name TREASURE COAST TRUCK BROKERS, INC.								
Principal Place of Business 424 NEW MARKET RD UNIT 5 OFFICE 6 IMMOKALEE FL 33934		Mairing Address P O BOX 189 UNIT 5 OFFICE 6 IMMOKALEE FL 33934 US		3. Date Incorporated or Qualified 3a. Date of Last Report				
		00			12/05/1994	06	3/13/19	95
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number 65-0535993	<u> </u>		pplied For
Suite, Apt. #	t etc	Suite, Apt. #, etc.					., .	lot Applicable Additional
30/te, Apt. #	, etc.	27			5. Certificate of Status Desired			lequired
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing		\$5.00	May Be
3		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	lry	8. This corporation has liability for in Florida Statutes		under s	199.032,
24	25 9. Name and Address of Cur	rrent Registered Agent	[30]		10. Name and Address of New Ro		eni	
	g, Halle Bija Additoo Ci Obi	Total Hogistorea Higgs		81 Name			-	
	LL, DAVID C		-	82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
	EINDIANTOWN RD #310 ER FL 33477			•				
JUPITE	:R FL 334//			83				
			84 City			FL	85 Zip	Code
			- 1	Oit,				
11. Pursuant to	o the provisions of Sections 607.0	502 and 607.1508, Florida State	tes the above	a-pared corror	ration submits this statement for the purp	nose of chanc	ging its re	gistered office
or registere	o the provisions of Sections 607.0 ed agent, or both, in the State of F h, ard accept the obligations of, S	Florida. Such change was authori	tes, the above	a-pared corror	ration submits this statement for the purpord of directors. I hereby accept the appo	nose of chanc	ging its registered	egistered office agent. I am
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4. If 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 upplemental 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 leceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or find an attack ment with an address.

SIGNATURE:

John S. Berry Jr.

941 657-5280 Daytime Phone #