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

PROFIT CORPORATION ANNUAL REPORT

1997

以下十八年の大学の「中国主体の一個性を関係」を持ている。 おおかいかい かまけい 教育の教育の関係の あまりかん はないしゅうしゅうしゅう



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000090029 (7)

TAMPA	TRUCK I	INES, INC	<b>)</b> .		` ,								18 1811 1811	
Principal Plac	e of Busines	s		М	lailing Address					T AND THE REPORT OF THE PARTY O	H <b>Ba</b> il <b>a (</b> Blí	i dolli edilə ild		
1800 SOUTH 20TH STREET 1900 SOUTH 20TH STREET TAMPA FL 33605-6622														
:										3. Date Incorporated or Qualified 12/13/1994		ate of Last F /01/1996	Report	
2. Principal Place of Business				2a. Mailing Address 26						4. FEI Number <b>59-3282670</b>	•	} <del></del>	pplied For ot Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75	Additional	
City & State					City & State					6 Flooting Compaign Financing	Fee Required section Campaign Financing \$5.00 May Be			
23					28					Trust Fund Contribution Added to Fees				
Zip		Country			Zip		ountry			8. This corporation has liability for			. 199.032,	
24	Ø Name	25		29		30	-1 -				Yes			
An.			s of Current I	reg is	reien Wheijf		81	Name		10. Name and Address of New Re	Aigreteu	Agent		
GRACE, RICHARD M 1701 MARITIME BLVD						-		A	address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33605-6659						62	Street	Adores						
							83							
•					84			City			FL	85 Zip	Code	
11. Pursuant	to the provis	ions of Section	ns 607.0502 a	and 6	07.1508. Florida Statut	es the	abovi	o-namod	corpo	ration submits this statement for the r			ts registered	
office or r	registered ag	ent, or both, ith, and acce	in the State of of the obligation	Flori	da. Such change was : L Section 607.0505. Fl	authoriz orida St	ed by	the cor	ooratio	ation submits this statement for the pin's board of directors. I hereby acce	ot the app	pointment as	registered	
SIGNATURE	-	, ,	,		,									
46	Signature, typec		fregistered agent a			E: Registe		nt signature	required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTOR	O IN 10	
12.	PD	Ori	LICENS AND I	JIRE	DELETE		TITLE			ADDITIONS/CHANGES TO OFFIC	ERS AINL	Change	Addilion	
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NAME	<b></b>	RICHARD N	1				NAME	į	l					
STREET ADDRESS		IBRALTAR F				1		ADDRESS						
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STREET ADDRESS								ADDRESS (						
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TITLE					☐ DELETE		TITLE					Change	Addition	
NAME						6.2	NAME							
STREET ADDRESS						63	STREET	ADDRESS						

6.4 City-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 truster 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 accurate and dress.