SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT ~~1996~~ 1997

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

FILED
97 JUN -2 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000032373 (9)

1. Corporation Name
PBF ROADWAY, INC.

Principal Place of Business	Mailing Address
~~9219 CIRCLE S LANE~~ ~~BOCA RATON FL 33434~~	~~9219 CIRCLE S LANE~~ ~~BOCA RATON FL 33434~~

3. Date Incorporated or Qualified: 04/21/1995
3a. Date of Last Report: 4/23/96
4. FEI Number — Applied For ☐ Not Applicable ☑
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 177 N.E. SPANISH CT.	26 177 N.E. SPANISH CT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON FL.	City & State 28 BOCA RATON FL.
Zip 24 33432 Country 25 USA	Zip 29 33432 Country 30 USA

9. Name and Address of Current Registered Agent

~~SCIORTINO, LORENZO~~
~~9219 CIRCLE S LANE~~
~~BOCA RATON FL 33434~~

10. Name and Address of New Registered Agent

81 Name MR. ODIN BLOCH
82 Street Address (P.O. Box Number is Not Acceptable) 177 N.E. SPANISH CT.
83
84 City BOCA RATON FL 85 Zip Code 33432

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 was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] ODIN BLOCH 05/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCIORTINO, LORENZO		1.2 NAME	
STREET ADDRESS	9219 CIRCLE S LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	D ☑ Change ☐ Addition
NAME	BLOCH, ODIN		2.2 NAME	BLOCH, ODIN
STREET ADDRESS	~~20532 CIRCLE S DRIVE~~		2.3 STREET ADDRESS	177 N.E. SPANISH CT.
CITY-ST-ZIP	~~BOCA RATON FL 33434~~		2.4 CITY-ST-ZIP	BOCA RATON FL. 33432
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COFFMAN, GORDON		3.2 NAME	
STREET ADDRESS	20532 CIRCLE S DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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DBL 6-2-97

CR2E034 (3/96)

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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ODIN BLOCH 04/30/97 (561) 392 3492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #