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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032373 (9) PBF ROADWAY, INC.

Principal Place of Business Mailing Address
177 N.E. SPANISH CT. 177 N.E. SPANISH CT.
BOCA RATON FL 33432 BOCA RATON FL 33432

FILED Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

									<u> U4/21/1995 </u>			
2.	Principal Pl	lace of Busin	ness	2a. Mailing Address					4. FEI Number		Applied For	
21				26					NOT APPLICABLE Not Applicable			
- 1-	Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.					\$8.75	Additional	
22	·			27	27				5. Certificate of Status Desired	Fee	Required	
	City & State City & State								6. Election Campaign Financing	\$5.0	0 May Be	
23				— ´	28				Trust Fund Contribution		ed to Fees	
	Zip		Country		Zip Cou				8. This corporation owes or has paid the current year Intangible			
24		25 29 30		_	Personal Property Tax due June 30. Yes V No							
24		o Name	and Address of Currer		cent	301			10. Name and Address of New Registe		<u> </u>	
									10. Haine and Address of feet Flogist	area Agent		
BLOCH, ODIN							81 Name					
177 N.E. SPANISH CT.						82	82 Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33432						<u></u>						
							83					
i							City			loe l %	- 0- 4-	
1										FL 85 Zi	p Code	
11.												
•••	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.											
	agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIC	SIGNATURE											
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.							e required		ÄTE		
12.			OFFICERS AN	DIRECTORS	T DELETE	13.			ADDITIONS/CHANGES TO OFFICERS			
TITE	Æ	D			☐ DELETE	1.1 TITLE		D		Change	e ∐ Addition ∤	
NAM	1E	SCIORTI	NO, LORENZO			1.2 NAME			IORTINO, LORENZO		1	
STR	EET ADDRESS	9219 CI	RCLE S LANE			1.3 STREE	ADDRESS	45	13 OCEAN BLVD		+	
CITY	Y-ST-ZIP	BOCA R	ATON FL 33434			1.4 CITY-	ST-ZIP	HI	GHLAND BEACH FL	3348	7	
TITL	E	D			DELETE	2.1 TITLE	· ·			☐ Change		
NAM	AF.	BLOCH,	OniN			2.2 NAME						
	EET ADDRESS		SPANISH CT.			1	T ADDRESS					
			ATON FL 33432					ł			ŀ	
	-ST-ZIP		ATON FL 3343Z		DELETE	2. 4 CITY-	51-ZP	-		Change	Addition	
TITL	!	D				3.1 TITLE		D		ES Change	, Haddillon	
NAM			N, GORDON			3.2 NAME		CO	FFMAN, GORDON	_		
STR	EET ADORESS		IRCLE S DRIVE			3.3 STREE	T ADDRESS	10	727 ANDERSON LANG	<u>.</u>	1	
CITY	(-ST-ZIP	BOCA R	ATON FL 33434			3,4. CITY-	ST-ZIP	LA	KE WORTH, FL. 33			
TITL	.E				DELETE	4,1 TITLE]	•	L Change	e ∐ Addition ↓	
NAM	1E					4. 2 NAME						
STR	EET ADDRESS					4.3 STREE	ADDRESS					
	r-ST-ZIP					4,4 CITY-						
TITL					DELETE	5.1 TITLE	- · Lat	-		Change	e	
NAN	J					5.2 NAME						
							.	1			ŀ	
	eet address						T ADDRESS	1			İ	
	-ST-ZIP					5.4 CITY-	ST-ZIP	<u> </u>				
TITL	E				☐ DELETÉ	6.1 TITLE				Change	e ∐ Addition	
NAM	IE					6.2 NAME						
STRE	EET ADDRESS					6.3 STREE	ADDRESS	1			ł	
CITY	-ST-ZIP					6.4 CITY-	ST-ZIP					
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information											ne information	
	14. I nereby certify that the information supplies with this little does not quality for the event prior stated in Section 119/03/03, Florica statutes. I further certify that the information indicated on this 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											

4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

OdIN BLOCH - RE

01/06/98 (561) 392 3492

CR2E034 (10/97