


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

FILED

Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90087 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000040453					
1. Corporation Name FLEETCRAFT (AMERICA), INC.					
Principal Place of Business 1325 NW 93 CT SUITE B115 MIAMI FL 33172 US			Mailing Address 1325 NW 93 CT SUITE B115 MIAMI FL 33172 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3327012	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CLAPS, LOUIS JOHN CPA 1381 NW 127TH DRIVE SUNRISE FL 33323			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME P MILKINS, WAYNE A					
1.3 STREET ADDRESS 1355 NW 93RD CT. #A-104					
1.4 CITY-ST-ZIP MIAMI FL 33172					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME V MILKINS, WENDY P					
2.3 STREET ADDRESS 1355 NW 93RD CT. #A-104					
2.4 CITY-ST-ZIP MIAMI FL 33172					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)