

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

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000049131 (2)

1. Corporation Name  
J.C. TRUCKING INC.

Principal Place of Business  
5907 KUMQUAT RD  
WEST PALM BEACH FL 33413

Mailing Address  
5907 KUMQUAT RD  
WEST PALM BEACH FL 33413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/22/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0591348	
25 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	
				Trust Fund Contribution	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAMOS, JOSE A 5907 KUMQUAT RD WEST PALM BEACH FL 33413				81 Name Carlos F. Ramos			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				5917 KUMQUAT RD			
				83			
				84 City West Palm Beach FL			
				85 Zip Code 33413			

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]* DATE 1/12/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMOS, JOSE A			1.2 NAME			
STREET ADDRESS	5907 KUMQUAT RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33413			1.4 CITY-ST-ZIP			
TITLE	<del>PD</del>	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMOS, CARLOS F			2.2 NAME			
STREET ADDRESS	5917 KUMQUAT RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33413			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 for 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, on an attachment with an address.

SIGNATURE *[Signature]* DATE 1/12/98 (66) 688-0383

CR2E034 (10/97)