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

FILED Feb 26 1998 8:00am Secretary of State

MOLLE	NKOPF TRUCKING, INC.	0000422 (1)	'	 	
Principal Plac	e of Business	Mailing Address			EGN BONN ERNY BONN RIOND HONB MEN NORTH
2745 CAMBRI	IDGE ROAD	2745 CAMBRIDGE ROAD)		
LANTANA FL 33462		LANTANA FL 33462		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	E IN THIS SPACE
				12/26/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0654700	Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		a. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	7ip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has pa Personal Properly Tax due June 	
24]	9. Name and Address of Curre		1301	10. Name and Address of New Re	
МС	OLLENKOPF, JAMES		81 Name		
	45 CAMBRIDGE ROAD		82 Street Add	Iress (P.O. Box Number is Not Acceptal	h(a)
	NTANA FL 33462		92 Sireat Add	riess (F.O. Box Number is Not Acceptal	516)
			83		
			84 City		85 Zip Code
			1 1 1		FL T
44 Duramont					
11. Pursuant office or ragent. La				poration submits this statement for the partition's board of directors. I hereby acce	
SIGNATURE	Signature, typod or printed name of registered ag	gent and blick appie oble. (NO	ITE Registered Agent signature requi	red when reinstating)	DATE
SIGNATURE	Signature, typod or printed name of registered ag OFFICERS AN	gent and tille d applicable. (NO NO DIRECTORS	If Registered Agent signature requi		DATE
SIGNATURE	Structure typod or printed name of registrated as OFFICERS AN	gent and blick appie oble. (NO	ITE Registered Agent signature requi	red when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Sturatore typed or printed name of registrated as OFFICE RS AN PD MOLLENKOPF, JAMES	gent and tille d applicable. (NO NO DIRECTORS	115 Registered Agent signature requi	red when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD	gent and tille d applicable. (NO NO DIRECTORS	11 Flogistered Agent signature requi 13. 1.1 TITLE 1.2 NAME	red when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Sturatore typed or printed name of registrated as OFFICE RS AN PD MOLLENKOPF, JAMES	gent and tille d applicable. (NO NO DIRECTORS	11 Frogstered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462	gentauet Ble et apperente. (NO ND DIRECTORS DELETE	11 Rogistered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462	gentauet Ble et apperente. (NO ND DIRECTORS DELETE	11 Frogstered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN	gent and tille of appearable. (NO NO DIFFE CTORS DELETE	11 Rogistered Agent signature requi 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	gentauet Ble et apperente. (NO ND DIRECTORS DELETE	11 Rogistered Agent signature requi 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	gent and tille of appearable. (NO NO DIFFE CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	gent and tille of appearable. (NO NO DIFFE CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	gent and tille of appearable. (NO NO DIFFE CTORS DELETE DELETE	113. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	gent and tille of appearable. (NO NO DIFFE CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	gent and tille of appearable. (NO NO DIFFE CTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	gent and tille of appearable. (NO NO DIFFE CTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	gent and tille of appearable. (NO NO DIFFE CTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi
SIGNATURE 12. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	Joint And Eller of Apples of the NO NO DIFFE CT ORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi Change Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	Joint And Eller of Apples of the NO NO DIFFE CT ORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi Change Additi
SIGNATURE 12. 1711E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	Joint And Eller of Apples of the NO NO DIFFE CT ORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi Change Additi
SIGNATURE 12. 171LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	Joint And Eller of Apples of the NO NO DIFFE CT ORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi Change Additi
SIGNATURE 12. 171LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-ZIP TITLE NAME STREET ADDRESS CITY-51-ZIP	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	Joint and Eller of Apples who. (NO NO DIFFE CT ORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi Change Additi Change Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-ZIP TITLE	PD MOLLENKOPF, JAMES 2745 CAMBRIDGE ROAD LANTANA FL 33462 STD MOLLENKOPF, SUSAN 2745 CAMBRIDGE ROAD LANTANA FL 3062	Joint and Eller of Apples who. (NO NO DIFFE CT ORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.4 NAME 5.5 STREET ADDRESS 5.5 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additi Change Additi Change Additi

officer or director of the corporation or the receiver or trustee empowered to Block 12 or Block 13 if changes, or on an attachment with an address. execute this report as required by Chapter 607, Florida Statutes; and that my name appears in