

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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000007312 (7)

1. Corporation Name  
**J.L.P. TRUCKING, INC.**

Principal Place of Business  
**542 DAYTON CIRCLE  
FT. LAUDERDALE FL 33312**

Mailing Address  
**542 DAYTON CIRCLE  
FT. LAUDERDALE FL 33312**



2. Principal Place of Business <b>J.L.P. TRUCKING, INC.</b>		2a. Mailing Address <b>J.L.P. TRUCKING, INC.</b>		3. Date Incorporated or Qualified <b>01/19/1996</b>	3a. Date of Last Report <b>N/A</b>
21. Suite, Apt. #, etc. <b>542 W DAYTON CIR</b>		26. Suite, Apt. #, etc. <b>542 W DAYTON CIR</b>		4. FEI Number <b>65-0628786</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State <b>FT LAUDERDALE FL</b>		27. City & State <b>FT LAUDERDALE FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip <b>33312</b>		28. Zip <b>33312</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country <b>BROWARD</b>		30. Country <b>BROWARD</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**LASSIN, JEAN P  
542 DAYTON CIRCLE  
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent  
81 Name **JEAN P LASSIN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**542 W. DAYTON CIR**  
83 City  
**FT LAUDERDALE**  
84 City  
**FT LAUDERDALE FLORIDA FL** 85 Zip Code  
**33312**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>JEAN P LASSIN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LASSIN, JEAN P</b>		1.2 NAME <b>542 W DAYTON CIR</b>	
STREET ADDRESS <b>542 DAYTON CIRCLE</b>		1.3 STREET ADDRESS <b>FT LAUDERDALE FL 33312</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33312</b>		1.4 CITY-ST-ZIP <b>FT LAUDERDALE FL 33312</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> DELETE	2.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		2.2 NAME <b></b>	
STREET ADDRESS <b></b>		2.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		2.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	3.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		3.2 NAME <b></b>	
STREET ADDRESS <b></b>		3.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		3.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	4.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		4.2 NAME <b></b>	
STREET ADDRESS <b></b>		4.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		4.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	5.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		5.2 NAME <b></b>	
STREET ADDRESS <b></b>		5.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		5.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		6.2 NAME <b></b>	
STREET ADDRESS <b></b>		6.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		6.4 CITY-ST-ZIP <b></b>	

14. I do 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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: me Phone #

CR2E034 (9/96)