

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

FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000052169 (5)**

1. Corporation Name

**C. MAX TRUCKING ENTERPRISES, INC.**

Principal Place of Business

**5832 HUTTON DRIVE  
OLANDO FL 32808**

Mailing Address

**5832 HUTTON DRIVE  
OLANDO FL 32808**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/17/1996**

4. FEI Number

**59-3380324**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21 Suite, Apt. #, etc**

**22 City & State**

**23 Zip**

**25 Country**

2a. Mailing Address

**26 Suite, Apt. #, etc**

**27 City & State**

**28 Zip**

**30 Country**

9. Name and Address of Current Registered Agent

**SOOKDEO, JACK  
5832 HUTTON DRIVE  
OLANDO FL 32808**

10. Name and Address of New Registered Agent

**81 Name**

**YOUTH CHANTARA**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**4481 N. PINE HILLS RD**

**83**

**84 City**

**ORLANDO**

**FL**

**85 Zip Code**

**32808**

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

**YOUTH CHANTARA**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-4-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	DELETE
NAME	<b>SOOKDEO, JACK</b>	
STREET ADDRESS	<b>5832 HUTTON DRIVE</b>	
CITY-ST-ZIP	<b>OLANDO FL 32808</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
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 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

**Jack Sookdeo**

**4/4/98**

**(502) 900-2229**

CR2E034 (10/97)