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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000055288 (0)

O.K. FINE TRUCKING, INC.

Principal Place of Business	Mailino Ad

dress

FILED Apr 25 1997 8:00am Secretary of State



WINTER GARDE	EN FL 34787	WINTER GARDEN FL 347			
l				3. Date Incorporated or Qualified 06/28/1996	3a. Date of Last Report
2. Principal Pl	lace of Business	2a. Malting Address		4. FEI Number	Applied For
21 323	Bauside Avenue		icle Avenue	59-3386975	Not Applicable
Suite, Apt		Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Wint	er Gorden FL	28 Winter (14 asmar		Added to Fees
Zip	Country	Zip	Country	8. This corporation has fiability for into	angible tax under s. 199.032,
24 3479	87 25 USA.	29 34787	30 (us A		/es No
	9. Name and Address of Current	l Registered Agent	81 Name	10. Name and Address of New Region	tered Agent
343	FRILAWYER CHARTERED ALMERIA AVENUE PAL GABLES FL 33134		82 Street Ad	dress (P.O. Box Number is Not Acceptable 255 Mason Aug.	
			84 City	a your Road	FL 85 Zio Code
11. Pursuant l	to the provisions of Sections 607.0502	2 and 607,1508, Florida State	ites the shove named or	propolation submits this statement for the pur	noce of changing its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corpor	ration's board of directors. I hereby accept t	he appointment as registered
- 1	in tanjing with, and accopt the obliga	mons of, 38600/1 607-0303, t	ionida Statutos.	H.	14.91
SIGNATURE	Signature, typica or printed name of registered ager	nt and true if applicable (NC	OTÉ: Registered Agent signature rec	guired when reinstating)	DATE
12.	OFFICERS AND	O DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
DILE	PSTD	☐ DELETE	1.1 TITLE	Change of address o	nly Change Addition
NAME	SHIRAH, RONALD E	_	1.2 NAME	Shirah, Ronald E. 323 Bayside Aue.	
STREET ADDRESS	805 HYDE PARK CIRCLE WES	T	1.3 STREET ADDRESS	323 Bandide Aus.	
CITY - ST-ZIP	WINTER GARDEN FL 34787		1.4 CITY-ST-ZIP	Woter Coarden FL	34787
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAMÉ			2.2 NAME		,
STREET ADDRESS			23 STREET ADDRESS		
CITY - ST - ZIF			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
. 1			3.4. CITY - ST - ZIP		
CITY-ST-ZiP			3.4. GIT*31*ZIF	· · · · · · · · · · · · · · · · · · ·	
CITY - ST - ZiP TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
		☐ DELETE			☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
TITLE NAME			4.1 Title 4.2 Name 4.3 Street Address 4.4 City-Si-Zip		
TITLE NAME STREET ADORESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADORESS CITY-ST-2IP			4.1 Title 4.2 Name 4.3 Street Address 4.4 City-Si-Zip		
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME		☐ D€LETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
TITLE NAME SIREET ADORESS CHY-ST-ZIP TITLE NAME STREET ADDRESS			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		
TITLE NAME SIREET ADORESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ D€LETE	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		Change Addition
TITLE NAME SIREET ADORESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE		☐ D€LETE	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 6.1 TITLE		Change Addition

r do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(1), 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 I am an officer or director of the appears in Block 12 or Block 13

SIGNATURE: