

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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000071473 (8)

1. Corporation Name
SPARKY'S TRUCKING, INC.



Principal Place of Business 251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480	Mailing Address 251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480-4302
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2. Principal Place of Business 21	2a. Mailing Address 26 c/o Mendoza, Callas & Schilling
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 251 Royal Palm Way, #602
City & State 23	City & State 28 Palm Beach, FL
Zip 24	Zip 29 33480
Country 25	Country 30 USA

3. Date Incorporated or Qualified 08/22/1996	3a. Date of Last Report
4. FEI Number 65-0692596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. 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 DE MENDOZA, MARIO G III 251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DE MENDOZA, MARIO G III
STREET ADDRESS	251 ROYAL PALM WAY SIXTH FLOOR
CITY-ST-ZIP	PALM BEACH FL 33480
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
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	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RIDENOUR, BOBBY JENE
1.3 STREET ADDRESS	251 ROYAL PALM WAY
1.4 CITY-ST-ZIP	PALM BEACH, FL 33480
2.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HUGHES, THOMAS E.
2.3 STREET ADDRESS	251 ROYAL PALM WAY
2.4 CITY-ST-ZIP	PALM BEACH, FL 33480
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RIDENOUR, DEBRA ANN
3.3 STREET ADDRESS	251 ROYAL PALM WAY
3.4 CITY-ST-ZIP	PALM BEACH, FL 33480
4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DE MENDOZA, MARIO G. III
4.3 STREET ADDRESS	251 ROYAL PALM WAY
4.4 CITY-ST-ZIP	PALM BEACH, FL 33480
5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILKINSON, DEBRA
5.3 STREET ADDRESS	251 ROYAL PALM WAY
5.4 CITY-ST-ZIP	PALM BEACH, FL 33480
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]* **3/11/97** 800/983-9481

CR2E034 (9/96)