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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600072645

1. Corporation Name

BONITA TRUCK BROKERS, INC.

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90011 044 ***150.00



							 		 	
Principal Place of Business Mailing Address						2 (40) (40) (1) 8 teste allite anti-anti-an-	17 48 171 1 811 10	15810 81111 8	1481-8111-1481	
10955 ENTERPRISE AVE. BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135						DO NOT WRITE II	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/30/1996				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For	
21		26				65-0691180			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	4 <u>-</u> 65		<u></u>	5.=Certifcate of Status Desired 🖃		8.75 A		
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 n Added to	· ·	
Zip 24	Country 25	Z ip 29	├ `			This corporation owes the current y Personal Property Tax.	8. This corporation owes the current year Intangible Personal Property Tax.			
=	9. Name and Address of Curre	nt Registered Agent		\Box		10. Name and Address of New Regis	tered Age	nt		
ALVAREZ, ANGUS 10955 ENTERPRISE AVENUE BONITA SPRINGS FL 34135				81 82 83	Street Address (P.O. Box Number is Not Acceptable)					
				84	City		┝╙	5 Zip C		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change w	as authorize	d by	the corporat	poration submits this statement for the purption's board of directors. I hereby accept the	ose of cha appointm	nging its r ent as reg	registered jistered	
SIGNATURE		The state of the s	NOTE: Planisters	4 5	et afgraduse saguis	red when reinstating)	ATE			
12.	Signature, typed or printed name of registered ag		13.	<u> </u>	n signature requi	ADDITIONS/CHANGES TO OFFICE		IRECTO	RS IN 12	
TITLE				1.1 TITLE] Change	Addition	
NAME	ALVAREZ, ANGUS		1.2 N	IAME					l	
STREET ADDRESS	796 CASSENA ROAD	•	1.3 S	TREE	TADORESS					
CITY-ST-ZIP	NAPLES FL 34108			ITY-S	1					
TITLE		☐ DELET) Change	Addition	
NAME			2.2 N	IAME						
STREET ADDRESS			2.3 9	TREE	TADORESS					
CITY-ST-ZIP			2.41	CITY-S	ST-ZIP					
TITLE		. DELET	E 3.1 T	TLE] Change	☐ Addition	
NAME			3.2 N	IAME			•			
STREET ADDRESS			3.3 8	TREE	TADDRESS					
CITY-ST-ZIP				CITY-S	T-ZiP			105	□ A 4415;	
TITLE		☐ DELETI	E 4.1 T	TTLE	!] Change	☐ Addition	

TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

(941) 498-6060

Change

Change

☐ Addition

☐ Addition