NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT RPORATION IUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF SORPORATIONS

Country

81

83

Name

30

JMENT # P96000091765)

Trucking, inc.

ace of Business

ON STREET FL 33021

Place of Business

Binson, Eugene J

18 HARRISON STREET LLYWOOD FL 33021

Country

9. Name and Address of Current Registered Agent

pt. #, etc.

tate

Mailing Address

4408 HARRISON STREET HOLLYWOOD FL 33021

2a. Mailing Address -

City & State

Suite, Apt. #, etc. .

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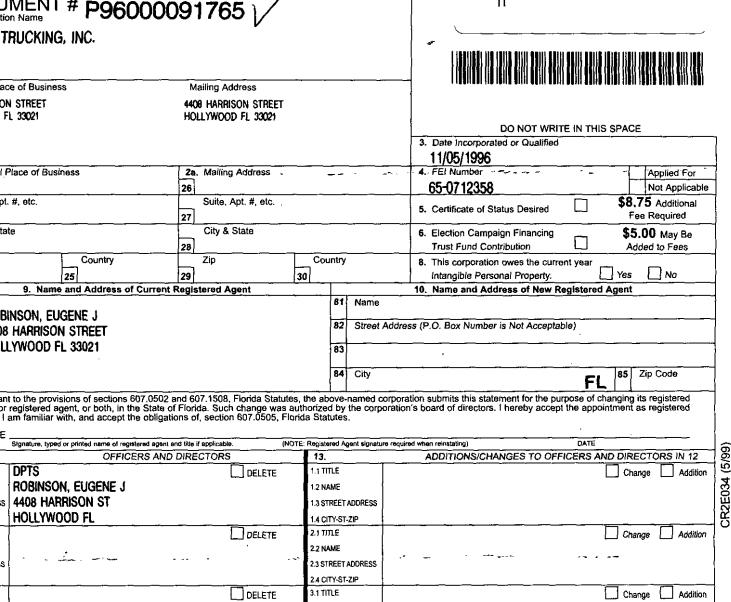
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Zip

FILED Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90005 050 ***550.00



Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **DPTS** 1.1 TITLE _ DELETE ROBINSON, EUGENE J 1.2 NAME 4408 HARRISON ST 1.3 STREET ADDRESS HOLLYWOOD FL 1.4 CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS 3,4 CITY-ST-ZIP 4.1 TITLE __ DELETE ___ Change 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZiP 5.1 TITLE DELETE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE DELETE Change Addition 6.2 NAME 6.3 STREET ADDRESS

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 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 or 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 12 or Block 13 if changed, or on an attachment with an address.

3 Sup 99