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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017472 (6)

CHECKERED FLAG CARS & TRUCKS CO.

## **FILED** May 04 1998 8:00am Secretary of State

Addition

## SANCORD FL 32773  ## SANCOR									
### Country   SAMFORD FL 32773   DO NOT WRITE IN THIS SPACE	Principal Place of Business				-	Mailing Address			
2. Principal Place of Business   2a, Molling Address   4. FEL Nambor   2. Personal Place of Business   2a, Molling Address   4. FEL Nambor   2. Personal Place of Business   2a, Molling Address   4. FEL Nambor   2. Personal Place of Business   2a, Molling Address   4. FEL Nambor   2. Personal Place of Status Desired   3c, Certificate Status Desired   3c, Certifi									
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2. Minispel Race of Business 2									1 - '
Suite, Apt. #, etc.	Ļ							·-···	
Suite, Apt #, etc.    State   Property   State   State				ness	},				4. FEI Number 2U20411 Applied For
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City & State  28  29  29  20  Country 28  29  29  20  20  20  20  20  20  20  20	22	<b>—</b>							
Trust Fund Contribution   Added to Fees   Ad		<del></del>			·····				6. Election Campaign Financing \$5.00 May Re
28	23				28				, , , , , , , , , , , , , , , , , , ,
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  The provisions of Sections 607 0502 and 607 1508. Florida Statutos, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or holds, in this Static of Florida Statutos, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or holds, in this Static of Florida Statutos, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or holds, in this Static of Florida Statutos, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or holds, in this Static of Florida Statutos, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or holds, in this Static of Florida Statutos, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or holds, in this Static of Florida Statutos, the above named corporation submits this statement for the purpose of changing its registered spent, and accept the chiggidate registered agent, and accept the chiggidate registered agent. In the limitation of the corporation submits this statement for the purpose of changing its registered agent. In the limitation of the corporation submits this statement for the purpose of changing its registered agent. In the limitation of the corporation submits this statement for the purpose of changing its registered agent. In the limitation of the corporation submits this statement for the purpose of changing its registered agent. In the limitation of the corporation submits this statement for the purpose of changing its registered agent of discounts. The corporation submits this statement for the purpose of changing its registered agent of discounts. The corporation submits this statement for the purpo		Zip		Country	Zip	Co	untry	,	8. This corporation owes or has paid the current year Intargible
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  87 City FL 85 Zip Code  88 Title Address (P.O. Box Number is Not Acceptable)  89 City FL 85 Zip Code  80 City FL 85 Zip Code  80 City FL 85 Zip Code  80 City FL 85 Zip Code  81 City FL 85 Zip Code  81 City FL 85 Zip Code  81 City FL 85 Zip Code  82 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code  84 City FL 85 Zip Code  85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  84 Zip Code  85 Zip Code  85 Zip Code  85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code	24					30			
AMERIA AVENUE CORAL GABLES FL 33134  82   Street Address (P.O. Box Number is Not Acceptable)  83   City   FL   85   Zip Code  11. Pursuant to the provisions of Sections 607 0/02 and 607 1/608. Florids Statutes. The above named corporation submits this statement for the purpose of changing its registered agent, or both, is the State of Tiorida, Such referage was authorised by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, is the State of Tiorida, Such referage was authorised by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, and accept the othigosterio of, Section 607 0/056, Florida Statutes.  SIGNATURE  8   Qualate space represed one of thigosterio and with implication. The province of the corporation's board of directors. Thereby accept the appointment as registered agent, or both, and accept the othigosterio of, Section 607 0/056, Florida Statutes.  SIGNATURE  9   DATE  12. OFFICERS AND DIRECTORS.	H			<del></del>	ent Registered Agent		91	Nome	10. Name and Address of New Registered Agent
### City FL   85   Zip Code  11. Pursuant to the provisions of Sections 807 0500° and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the chighlicitors of, Section 607 0505, Florida Statutes.  #### City FL   85   Zip Code  11. Pursuant to the provisions of Sections 807 0500° price of provisions of sections 807 0500° price appointment as registered agent. I am familiar with, and accept the chighlicitors of, Section 607 0505, Florida Statutes.  ###################################							Ľ	Name	
### City ### City ### City ### Statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. Such change was authorized by the corporation submits the statement for the purpose of changing its registered signal, and accept the obligations of, Section 607.0505, Florida Statutes.  #### STO								Street Ad	Address (P.O. Box Number is Not Acceptable)
### 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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  ### Signature of the purpose of changing its registered agent age		CUI	WL UNDL	3 TL 33134			63		
### 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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  ### Signature of the purpose of changing its registered agent age							L		
11. Pursuant to the provisions of Sections 607 0502 and 607 1106. Florida Statutes, the above removed corporations submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE							84	City .	FI 85 Zip Code
Signature   Sign	11	. Pursuant t	lo the provis	ions of Sections 607.0 jent, or both, in the Sta	502 and 607,1508, Florida Sile of Florida. Such change	Statutes, the a	bove d by	e-named corporate	
Signature type of any order or provide are provided and the Langebook (NOTE Progress Agent signature required when reinstaurage)  12. OFFICIRS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DWORNICK, MYRON H  4305 STONEBROOK DRIVE  SANFORD FL 32773  14. CITY-ST-ZIP  TITLE  DELETE  21. TITLE  DELETE  21. TITLE  Change Addition  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Change Addition  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Change Addition  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  41. TITLE  ACTIY-ST-ZIP  TITLE  ACTIY-ST-ZIP  TITLE  DELETE  41. TITLE  ACTIY-ST-ZIP  ACTIV-ST-ZIP  TITLE  ACTIY-ST-ZIP  ACTIV-ST-ZIP  TITLE  ACTIY-ST-ZIP  ACTIV-ST-ZIP  TITLE  ACTIV-ST-ZIP  ACTIV-		agent. I ar	m <b>fami</b> liar wi	ith, and accept the obl	igations of, Section 607.050	05, Florida Sta	tutes	3.	
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DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 C/TY - S1 - Z/P 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 signalure shall have the same legal effect as if made under eath, 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.