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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000036267 (7)

S.A.S. TRUCK AND EQUIPMENT, INC.

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business 12881 PORT SAID ROAD OPA-LOCKA FL 33054 2e. Mailing Address 2ft Policipal Place of Business 2ft Policipal Place Plac
OPALOCKA FL 33054 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 2d. Mailing Address 2d. Mailing Address 2d. Mailing Address 4. FET Number 6. FOR OTT 5860 Not Applied For 6. Certificate of Status Desired Fee Required Fee Required City & State 2d. OPALOCKA FLA. 2d. OPALO
28. Principal Place of Businoss 21. /35 /5 NW 42 AVE 25 PO BOX 541472 4. FEI Number 65 077 5860 Noi Applied For 65 077 5860 Sa.75 Additional Fee Required 75 078 079 Sa.75 Additional Fee Required 75 079 079 079 Sa.75 Additional Fee Required 75 079 079 079 079 079 079 079 079 079 079
2. Principal Place of Businoss 2. Mailing Address 2. Mailing Address 2. Applied For C5 C5 C7 5860 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Zip 2. Country 2. Zip 2. Country 2. Zip 2. Country 2. DADE 2. DADE 2. DADE 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 3. Country 4. FEI Number 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fees 7. Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,
Street Address (P.O. Box Number is Not Acceptable) Status Desired Fee Required
City & State Country
23 OPA LOCKA FUN. 28 OPA LOCKA FUN. Trust Fund Contribution Added to Fees Zip Country 29 33054 25 DADE 29 33054 30 DADE 8. This corporation owes or has paid the current year Intangible Personal Property Tax due Juno 30. Yes No 9. Name and Address of Current Registered Agent ROGERS, SUZANNE SAILER 13240 STIRLING ROAD FT. LAUDERDALE FL 33330 83 RM City PA City
ROGERS, SUZANNE SAILER 13240 STIRLING ROAD FT. LAUDERDALE FL 33330 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 RAIL City
ROGERS, SUZANNE SAILER 13240 STIRLING ROAD FT. LAUDERDALE FL 33330 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 RAIL City
ROGERS, SUZANNE SAILER 13240 STIRLING ROAD FT. LAUDERDALE FL 33330 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 RA City
13240 STIRLING ROAD FT. LAUDERDALE FL 33330 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33330 83 84 City RE Zio Coda
83 PA City PE Zip Code
84 City
IBAL CILV : IRAL ZIN COMP
FL as 2 p 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 accopt the obligations of, Seption 607.0505, Florida Statutes.
SIGNATURE Sympto puried near pol migratured agent and title if applicable (NOT). Rog streed Agent signature required when roinstating) [NOT] Rog streed Agent signature required when roinstating) [DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE STEVEN C S'A'LER DELETE 1.1 TITLE
NAME G20 NW 179 AVE STREET ADDRESS PEMBroke Pines FLA 33039 13 STREET ADDRESS
CITY-ST-ZIP (PRESIDENT) 1.4 CITY-ST-ZIP
TITLE (VICE President) DELETE 21TITLE Change Addition
NAME Suzanne Sailer Rogers 22 NAME
STREET ADDRESS 3240 STILLING ROAD 23 STREET ADDRESS CITY-ST-ZIP FT. Landurdale FLA. 33330 2.4 CITY-ST-ZIP
CRY-ST-ZIP Y-T. Landurdale Y-CA. 33330 2.4 CRY-ST-ZIP Change Addition
NAME 32 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4. CITY-ST-7IP
TITLE DELETE 4.1 TILE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-S1-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 6.2 NAME
STREET ADDRESS
CITY-S1-ZIP 64 CITY-S1-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 roport or supplemental annual report is true and accurate and that my signalure 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 trustoc 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

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