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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098423 (1)

RUZ TRUÇKING, INC.

## FILED Apr 27 1998 8:00am Secretary of State



Principal Place	e of Businass	Mailing Address		I (ABLIANE SIN INIE FONIT DALLE SALLI ANTIL CALLA SALAL UNIT DISTRIBUTOR VITE CON-	
1905 E GENESSE ST 1505 E GENESSE ST					
TAMPA FL 33810		TAMPA FL 33610		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/17/1997	
2. Principal Pl	lace of Bysiness	2a, Mailing Address		4. FEI Number Applied For	
21 6406	b Reantta Ct	- 26 6406 KG	PARTA CT	. 59-348349% Not Applica	
Suite, Apt.		Suite, Apt. #, etc.	<i>d''''</i>	5. Certificate of Status Desired S8.75 Additional	
22		27		Fee Required	
City & State City & State				6. Election Campaign Financing \$5.00 May Be	
23 7 AN	MPA, FL.	28 / AMDA	, FL.	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24 3368			30 / 1/1/S/D/OM	Well bersonal Property Tax due June 30. Yes X No	
	Name and Address of Curren	Hegistered Agent	81 Name -	0. Name and Address of New Registered Agent	
ARIAS, ELIZABETH				LIZABETH ALIAS	
	5 E GENESSE ST		82 Street Ado	dress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33610				LEGATA CT	
			63	$\boldsymbol{\mathcal{O}}$	
			84 City	TAMIA FL 85 Zip Code	
		0 - 1007 1500 51- 1- 01-11			
11. Pursuant t	to the provisions of Sections 607.050 egistered agant, or both, in the State	2 and 607.1508, Florida Statutes of Floryla. Such change was at	s, the above-hamed cor ulhorized by the corpora	rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registere	
agent. I ar	m familiar with and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.	tales a a	
SIGNATURE	- Luabett		solyh M	1-31-48	
	Signature, typed of printed a min of registered age OFFICERS ANI		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD	DELETE	1.1 TITLE 9	altidan Diplome Change Addi	
NAME	ARIAS, ELIZABETH		1.2 NAME	trias. Elizabeth	
STREET ADDRESS	1505 E GENESSE ST		1.3 STREET ADDRESS	WAL DEALHA CT.	
1	TAMPA FL 33610		1.4 CHTY-ST-ZIP	700 12 The 23 8 34	
CITY-ST-ZIP TITLE	1AMFA FE 33010	DELETE	2.1 TITLE	Change Addi	
NAME		_	2.2 NAME	, •	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	Change Addi	
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change Addi	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-S1-ZiP		
TITLE		DELETE	5 1 TITLE	☐ Change ☐ Addi	
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7IP		
TITLE		DELETE	6.1 TITLE	Change Addi	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	cerlify that the information supplied w	ith this filing does not qualify for	the exemption stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated	on this annual report or supplements	al annual report is true and accu eiver or trustee empowered to ex climent with an address.	irate and that my signat xecute this report as rei	ture shall have the same legal effect as if made under oath; that I am en equired by Chapter 607, Florida Statutes; and that my name appears in	