Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90078 011 \*\*\*150.00

## 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 # P98000012017

1. Corporation Name

D&DT	RUCKING OF W.P.B. INC.								<b>                                   </b>	
Principal Place	of Business	Mailing Address				(	(P) WEEL EDIT DE L		(1811 1881 1881	
4816 SARATOGA ROAD WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415						DO NOT I	NRITE IN THI	s space		
					02/0	Incorporated or Qual 05/1998	fed		- <del> </del>	
2. Principal Pl	ace of Business	2a. Mailing Address	- 00 0		4. FEI N	25-0808	101	1	plied For	
21	<u>same</u>	26 50	YNZ		6	5 - 000	104		Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certif	fcate of Status Desire	d 🗆	\$8.75 A Fee Re		
City & State	е	City & State				icn Campaign Financ	ing 🔲	\$5.00	•	_
23		28	Count	<u> </u>	-	Fund Contribution		Added t	o Fees	
Zip <b>24</b>	Country 25	Zip 29	Count	- <u></u>	Perso	corporation owes the orial Property Tax.	<u> </u>	Yes	XNo.	
	9. Name and Address of Current	Registered Agent		1 Name	10. Nam	e and Address of Ne	w Registere	Agent		
DE J	ORTIZ, DANIEL					clme				
4816 SARATOGA ROAD			8	Street A	(Idress (P.O. Bo	<ul> <li>Number is Not Acc</li> </ul>	eptable)			
WES	T PALM BEACH FL 33415		8	3						
			L						2.4.	
			18	City			FI	L 85 Zip (	Jac	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abo	ve-named co	crporation subn	ni s this statement for	the purpose of	of changing its	registered	
office or re agent. I ar SIGNATUF:E	egistered agent, or both, in the State of a familiar with, and accept the obligate the obligation of the state of printed in a per of registered agent.	f Florida. Such change was ons of, Section 607.0505, FI	orida Statut	by the corpora	ation's board of	r directors. I hereby a	DATE	199	gistered	í
agent. Lar	m familiar with, and accept the obligate	f Florida. Such change was ons of, Section 607.0505, Florida if applicable. (NOT	orida Statut	by the corpora	uired when reinstatin	r directors. I hereby a	DATE	199	PKS IN 12	(98)
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 received by thustee 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 open an altern new yith an address, with a fother like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR