

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 # P98000070797			
1. Corporation Name R & M TRUCKING TRANSPORT, INC.			
Principal Place of Business 2810 NE 1 TERRACE POMPANO BEACH FL 33064		Mailing Address 2810 NE 1 TERRACE POMPANO BEACH FL 33064	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 08/13/1998			
2. Principal Place of Business		4. FFI Number 65-0857227	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOFFETT, ROBERT C 2810 NE 1 TERRACE POMPANO BEACH FL 33064		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		85. Zip 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 accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MOFFETT, ROBERT C		
STREET ADDRESS	2810 NE 1 TERRACE		
CITY-ST-ZIP	POMPANO BEACH FL 33064		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. TITLE			
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP			
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP			
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
62. NAME			
63. STREET ADDRESS			
64. CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT C. MOFFETT **28-99** **954/943-7636**