

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 # P98000083693

1. Corporation Name
SECOND CHANCE TRUCKING, INC.

Principal Place of Business
1531 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

Mailing Address
1531 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

2. Principal Place of Business
21 1707 S.E. Aneci St. 26 1707 S.E. Aneci St.
Suite, Apt. #, etc. 27
22
City & State
23 Pt. St. Lucie, FL
Zip 24 34983 Country 25 St. Lucie 29 34983 30 St. Lucie

2a. Mailing Address
26 1707 S.E. Aneci St.

Suite, Apt. #, etc.

27
City & State
28 Pt. St. Lucie, FL

Zip
29 34983 Country
30 St. Lucie

9. Name and Address of Current Registered Agent

LUSTING, LEO M SR
1531 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

10. Name and Address of New Registered Agent

Coutu, Mary E.
1707 S.E. Aneci St.

FL 34983

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 *Mary E. Coutu, Sec./Treas. Mary E. Coutu* 4-1-99
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUSTIG, LEO M SR 1531 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V Lustig, Leo M. Sr. 441 N.E. Midvale St. Pt. St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTU, MARY E 1531 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S/T Coutu, Mary E. 1707 S.E. Aneci St. Pt. St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICTOR, CATHERINE A 1531 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P Victor, Catherine A. 441 N.E. Midvale St. Pt. St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V Coutu, James D. 1707 S.E. Aneci St. Pt. St. Lucie, FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Mary E. Coutu* 4-1-99 (510) 340-71053