FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

-	1996	DIVISION OF	CORPORATIONS			
1. Corporation	MENT # \$828 I'S TRUCK REPAIR, INC	` '				
Principal Place	of Business	Mailing Address			1 1101 01011 01011 01811 0181	I OLDU DIBİL IDƏL
4141 DALE RD		4141 DALE RD				
WEST PALM	BEACH FL 33406	WEST PALM BEACH FI	_ 33406			
				3. Date Incorporated or Qualified 09/25/1991	3a. Date of Last F 05/01/19	
_2, Principal Pla 21	ace of Business	2a. Mailing Address		4. FEI Number 59-3089429	├↓	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Not Applicable 5 Additional
22		27		5. Certificate of Status Desired	inci	Required
Oity & State		City & State		Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s	
24	25 9. Name and Address of Cur	ront Bogistered Agent	30	1	□No	
	o, reality and readings of our	Total Tegistered Agent	81 Name	10. Name and Address of New R	egistered Agent	
LICHT, S	SCOTT R.		82 Street Addi	HOS DOON HOUSE NAME OF		
4141 DA	ALE RD		62 Street Addi	ress (P.O. Box Number is Not Acceptab	e)	
WEST P	ALM BEACH FL 33406		83			
			84 City		—. 85 Zi	p Code
11 Durament t	a the provisions of Sections 607.0	500 and 607 1500 Flacida Dist				•
or register	ed agent, or both, in the State of F	ouz and 607, 1508, Florida Statute lorida. Such change was authorize	s, the above named corpor d by the corporation's boa	ration submits this statement for the puri rd of directors. Thereby accept the appo	pose of changing its r pintment as registered	registered office i agent. I am
	n, and accept the obligations of, S	ection 607.0505, Florida Statutes.			_	·
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable (NOT	F. Registered Agent signature require	od Which remotating	DATE	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	DRS IN 12
TITLE NAME	DPC LICHT, SCOTT R	☐ DELETE	1. 1 TITLE		☐ Change	Addition
STREET ADDRESS	4141 DALE RD		1.2 NAME			
City-St-Zip	WEST PALM BEACH FL 3	3406	1.3 STREET ADDRESS 1.4 CHY+ST-ZIP			
TITLE	DVTS	☐ DELETE	2 1 TITLE		Change	Add-tion
NAME	LICHT, LAURA M		2.2 NAME		Ų,	
STREET ADDRESS	4141 DALE RD		2.3 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL 3		24 CITY - ST - ZIP			
TIFLE		☐ DELETE	3. 1 TITLE		Change	Addition
NAME Class apposes			3 2 NAME			
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS			
TITLE		☐ DELETE	3.4 CITY - \$1 - 7IP 4. 1 TITLE		Cnange	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE: ADDRESS			
CITY-ST-ZIP		7	4.4 CITY-ST-7IP			
DILE		☐ DELETE	5 1 TITLE		☐ Change	Addition
NAME STREET AGENT OF			5.2 NAME			
STREET ADDRESS City-St-Zip			5 3 STREET ADDRESS			
TITLE		DELETE	5.4 C(1Y-ST-Z)P 6.1 T(1LE		C Change	Addition
NAME			6.2 NAME		Change	☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - S1 - ZIP			
14. I do hereby certify that	certify that the information supplice the information indicated on this ar	ed with this filing is voluntarily furnis naual report or supplemental annua	hed and does not qualify fo al report is true and accura	or the exemption stated in Section 119.0 te and that my signature shall have the s	7(3)(k), Florida Statut same legal effect as if	es. I further 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.

SIGNATURE.

Laura M.Licht, Vice President

O3/20/96

(407)964-225

Bignature And Typed or Printed Name of Signing Officer on birecton Laura M.Licht, Vice President 03/20/96 (407)964-2257