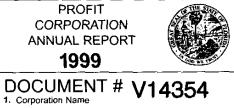
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

SCHOOL BUS SALES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90035 035 ***150.00

								iik Bibl Bibli D		11 1 1 11
Principal Place of Business Mailing Address										
C/O LOUIS W. HERRING C/O LOUIS W. HERRING										
650 NW 27TH AVE.			650 NW 27TH AVE.				DO NOT WRITE IN THIS SPACE			
FT. LAUDERDALE FL 33311			FT. LAUDERDALE FL 33311				3. Date Incorporated or Qualifed			
US US										1
6 5 - 1 - 1 5 1	10	25.37	Leiting Address				02/12/1992 4. FEI Number			Blind For
_	ace of Business	2a. W	lailing Address						⊢ -∔	plied For
21			Suite, Apt. #, etc.				65-0312209			t Applicable
Suite, Apt. #, etc.			Suite, Apr. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22			City & State							
City & State			¬				6. Election Campaign Financing		\$5.00 Added 1	· 1
23 Zin	Country	28		Count			Trust Fund Contribution			O FEES
Zip				_	,		8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24	25	29		30			10. Name and Address of New F	Pagietared		
	9. Name and Address of Cu	rrent Register	red Agent		1 N	ame	To. Name and Address of New F	egistereu	Agent	——— <u>—</u>
HERI	RING, KATHY			١	1					
4101 N 33RD TERRACE			8	82 Street Address (P.O. Box Number is Not Accep			ible)		1	
HOLLYWOOD FL 33021				<u> </u>						
11021	L11100D 1 E 33021			8	3					{
				8	4 C	ity			85 Zip (Code
						-		FL	<u></u>	
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.	.1508, Florida Statute	s, the abo	ve-na	med corpor	ation submits this statement for the	purpose of	changing its	registered)
agent. I a	m familiar with, and accept the bt	oligations of, S	ida Statute	es.	corporation	's board of directors. I hereby accep	. /	/	,	
SIGNATURE	Kathu Jul	Min					ć	$\mathcal{H}\mathcal{J}\mathcal{J}_{1}$	199	ĺ
	Signature, typed or printed name of registered	agent and title if ap	plicable (NOTE:	Registered Ac	jent sigr	nature required y		DATE /		
12.		AND DIRECT		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D		☐ DELETE	1.1 TITLE		}			Change	☐ Addition
NAME	HERRING, LOUIS W.			1.2 NAME	Ē					. ~
STREET ADDRESS	650 NW 27TH AVE.			1.3 STRE	ETADD	RESS				{
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-	ST-ZIP	<u>, </u>				
TITLE			☐ DELETE	2.1 TITLE					Change	Addition
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STREET ADDRESS	1			2.3 STRE	ET ADD	RESS				
CITY-ST-ZIP				2.4 CITY	-ST-ZIF	- }				
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CITY-ST-ZIP				3.4 CITY	-ST-ZIF	,				\ \
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				4.4 CITY-		- 1				
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				53 STRE		ORESS				l
STREET ADDRESS				5.4 CITY		1				}
CITY-ST-ZIP			□ DELETE	6.1 TITLE		-+-			☐ Change	☐ Addition
TITLE			C DELETE	6.2 NAME		Í			ட வள்கு	
NAME				6.3 STRE		DESC				
STREET ADDRESS				U.3 51KE		//L00				

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 impowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

SIGNATURE AND TYPED OR PRINT