

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90199 048 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000053542

1. Corporation Name  
AL'S TRANSMISSIONS INC.

Principal Place of Business  
17400 NE 12TH COURT  
NO. MIAMI BEACH FL 33162

Mailing Address  
17400 NE 12TH COURT  
NO. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified  
08/15/1998

4. FEI Number  
59-2443893

Applied For  
Not Applicable

21. Principal Place of Business

22. Mailing Address

5. Certificate of Status Desired  \$8.75 Additional Fee Required

21a. Subj. Art. #, etc.

22a. Subj. Art. #, etc.

6. Election Corporation Franchise Trust Fund Contribution  \$5.00 may be Added to Fees

21b. City & State

22b. City & State

6. This corporation owes the current year intangible Personal Property Tax.  Yes  No

21c. Zip

21d. County

22c. Zip

22d. County

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAPPE, ALLEN  
17400 NE 12TH COURT  
NO. MIAMI BEACH FL 33162

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 807.000 and 807.1208, 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 807.0008, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent and the registered agent

NOTE: Registered agent address required when submitting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		1.1 TITLE	President
NAME		1.2 NAME	Robert Patrasi
STREET ADDRESS		1.3 STREET ADDRESS	1401 So State Rd 7
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hollywood FL 33072
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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 REQUIRED

SIGNATURE AND NAME OF THE REGISTERED AGENT OR REGISTERED OFFICER OR DIRECTOR

CREATION (1/19/99)