

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

0007375

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90157 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F96000006003

1. Corporation Name
AMERICAN LONG LINES, INC.



Principal Place of Business 400 HORSHAM RD P O BOX 449 HORSHAW PA 19044 US	Mailing Address 400 HORSHAM RD P O BOX 449 HORSHAW PA 19044 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State HORSHAM 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State HORSHAM 28 Zip Country 29
--	---

3. Date Incorporated or Qualified 11/18/1996	Applied For Not Applicable
4. FEI Number 23-2430439	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLANTON, EDWIN F 825 THOMASVILLE RD. TALLAHASSEE FL 32303	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PDC <input type="checkbox"/> DELETE	NAME WIDRA, ALAN
STREET ADDRESS 410 HORSHAM RD.	CITY-ST-ZIP HORSHAW PA 19044
TITLE S <input checked="" type="checkbox"/> DELETE	NAME REED, JAMES
STREET ADDRESS 400 HORSHAM RD	CITY-ST-ZIP HORSHAW PA 19044
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	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP HORSHAM
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP HORSHAM
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
6.3 STREET ADDRESS	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)(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: Al Widra Date: 2/11/99 Daytime Phone #: 215-442-9050

CR2E034 (1/98)