

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90024 019 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000000637

1. Corporation Name
PALLET PALLET, INC.

598558 - 90024 - 19



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1998

2. Principal Place of Business		2a. Mailing Address	
21	1505 LBJ FREEWAY	26	1505 LBJ FREEWAY
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	SUITE 390	27	SUITE 390
City & State		City & State	
23	DALLAS, TX	28	DALLAS, TX
Zip	Country	Zip	Country
24	75234	25	USA
29	75234	30	USA

4. FEI Number	Applied For
38-3219605	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	DOUGLAS, MOORE	1.2 NAME	MOORE, DOUGLAS
STREET ADDRESS	5424 EUPER LANE	1.3 STREET ADDRESS	1505 LBJ FREEWAY, SUITE 390
CITY-ST-ZIP	FORT SMITH AR	1.4 CITY-ST-ZIP	DALLAS, TX 75234
TITLE	ST	2.1 TITLE	ST
NAME	STANTON, GARY	2.2 NAME	HOCFELT, THOMAS
STREET ADDRESS	5424 EUPER LANE	2.3 STREET ADDRESS	1505 LBJ FREEWAY, SUITE 390
CITY-ST-ZIP	FORT SMITH AR	2.4 CITY-ST-ZIP	DALLAS, TX 75234
TITLE	AS	3.1 TITLE	MORAN, PATRICK
NAME	MORAN, PATRICK	3.2 NAME	MORAN, PATRICK
STREET ADDRESS	2500 BUHL BLDG	3.3 STREET ADDRESS	5401 N. FEDERAL HIGHWAY
CITY-ST-ZIP	DETROIT MI	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	D	4.1 TITLE	WALPOLE, ROSS
NAME	WALPOLE, ROSS	4.2 NAME	WALPOLE, ROSS
STREET ADDRESS	5424 EUPER LANE	4.3 STREET ADDRESS	5401 N. FEDERAL HIGHWAY
CITY-ST-ZIP	FORT SMITH AR	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	D	5.1 TITLE	LENZ, CORBETT
NAME	LENZ, CORBETT	5.2 NAME	LENZ, CORBETT
STREET ADDRESS	5424 EUPER LANE	5.3 STREET ADDRESS	5401 N. FEDERAL HIGHWAY
CITY-ST-ZIP	FORT SMITH AR	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE		6.1 TITLE	PRESIDENT
NAME		6.2 NAME	WALTON, CLIVE
STREET ADDRESS		6.3 STREET ADDRESS	1505 LBJ FREEWAY, SUITE 390
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DALLAS, TX 75234

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.

SIGNATURE: _____ DATE: 7/19/99 DAYTIME PHONE #: 972-247-3335

CR2E034 (5/99)