

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90018 044 ***150.00

DOCUMENT # G52298

1. Corporation Name
WHEELS OF JUSTICE, INC.



Principal Place of Business Mailing Address
~~XXXXXX~~ **Kelvin Keith** ~~XXXXXX~~ **Kelvin Keith**
557 DEER RUN 557 DEER RUN
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Kelvin Keith		2a. Mailing Address 26 Kelvin Keith		3. Date Incorporated or Qualified 07/28/1983	
Suite, Apt. #, etc. 22 557 Deer Run		Suite, Apt. #, etc. 27 557 Deer Run		4. FEI Number 59-2520880	
City & State 23 Miami Springs FL.		City & State 28 Miami Springs FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33166		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 USA		Zip 30 33166		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KELVIN, KEITH
557 DEER RUN
MIAMI SPRINGS FL 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DSV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, SANDRA	1.2 NAME	Keith, Scott G.
STREET ADDRESS	5577 DEER RUN	1.3 STREET ADDRESS	557 Deer Run
CITY-ST-ZIP	MIAMI SPGS, FL 00000	1.4 CITY-ST-ZIP	Miami Springs, FL. 33166
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, KELVIN	2.2 NAME	
STREET ADDRESS	5577 DEER RUN	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPGS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

Kelvin H. Keith
KELVIN H KEITH PT

1-29-99 (305) 871-5968

Date

Daytime Phone #

CR2E034 (11/98)