

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

FILED  
Jun 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J75105** (3)

1. Corporation Name  
**ALLIED SYSTEMS, INC.**

Principal Place of Business

**85932 OVERSEAS HWY  
P O BOX 1157  
ISLAMORADA FL 33036**

Mailing Address

**85932 OVERSEAS HWY  
P O BOX 1157  
ISLAMORADA FL 33036**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/27/1987**

4. FEI Number

**65-0108612**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**WRIGHT, KENNETH R  
85932 OVERSEAS HWY  
ISLAMORADA 33036**

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

TITLE **PM** ☐ DELETE  
NAME **WRIGHT, KENNETH R**  
STREET ADDRESS **85932 OVERSEAS HWY, #2**  
CITY-ST-ZIP **ISLAMORADA FL**

TITLE **VD** ☐ DELETE  
NAME **OCKERLUND, LORALEE**  
STREET ADDRESS **87485 OLD HWY, #104**  
CITY-ST-ZIP **ISLAMORADA FL**

TITLE **VD** ☐ DELETE  
NAME **HRUSKA, MARK**  
STREET ADDRESS **21 SOUTH EAST 5TH ST.**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VD** ☐ DELETE  
NAME **TEAGUE, GLORIA J**  
STREET ADDRESS **106003 OVERSEAS HWY**  
CITY-ST-ZIP **KEY LARGO FL**

TITLE **TD** ☐ DELETE  
NAME **LOCKWOOD, MALCOLM**  
STREET ADDRESS **85932 OVERSEAS HWY, #5**  
CITY-ST-ZIP **ISLAMORADA FL**

TITLE **SD** ☐ DELETE  
NAME **MACDONALD, PAUL**  
STREET ADDRESS **87485 OLD HWY #254**  
CITY-ST-ZIP **ISLAMORADA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 the attachment with an address.

SIGNATURE

*K. P. Wright*

*MAY 31/98 (305) 654-8717*

CR2E034 (10/97)