

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J90976 (8)**

1. Corporation Name

ALRO'S 24-HOUR EMERGENCY TRUCK REPAIR SERVICE, INC.



Principal Place of Business

Mailing Address

% ROYCE W. BECK
 9715 SIDNEY HAYES ROAD
 ORLANDO FL 32824-8126

% ROYCE W. BECK
~~9715 SIDNEY HAYES ROAD~~
~~ORLANDO FL 32824-8126~~

3. Date Incorporated or Qualified **09/04/1987** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 543883**

4. FEI Number **59-2840415** Applied for Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 **ORLANDO, FL**

Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

Country

29 **32851-3883**

30 **ORANGE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECK, ROYCE W.
9715 SIDNEY HAYES ROAD
ORLANDO FL 32824

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 of Registered Agent (Required)

Signature of Registered Agent (Required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BECK, ROYCE W.	
STREET ADDRESS	14646 BOGGY CREEK ROAD	
CITY- ST- ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BECK, CAROLYN C.	
STREET ADDRESS	14646 BOGGY CREEK ROAD	
CITY- ST- ZIP	ORLANDO FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, EUGENE L.	
STREET ADDRESS	8785 NIGHTWIND CIRCLE	
CITY- ST- ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, PATRICIA	
STREET ADDRESS	8785 NIGHTWIND CIRCLE	
CITY- ST- ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
15 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY- ST- ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY- ST- ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY- ST- ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36 NAME	
37 STREET ADDRESS	
38 CITY- ST- ZIP	
39 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40 NAME	
41 STREET ADDRESS	
42 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Royce W. Beck*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96

(407) 855-1081
 Central Florida

CR2E034 (12/95)