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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J90976

(8)

ALRO'S 24-HOUR EMERGENCY TRUCK REPAIR SERVICE, I

FILED Jan 22 1997 8:00am Secretary of State



NC. Principal Place of Business Mailing Address N ROYCE W. BECK P.O. BOX 583883 9715 SIONEY HAYES ROAD ORLANDO FL 32859-3883								
ORLANDO FL	32824-8126	US		3. Date Incorporated or Qualified 3a. Date of Last Report 09/04/1987 03/13/1996				
	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
21	A. M	26			59-2840415			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	ı 🗆		Additional lequired
City & Sta	ale	City & State			Election Campaign Financia Trust Fund Contribution	ng 🔲		May Be to Fees
Zip 24	Country 25	Zip 29 3	Country 10		8. This corporation has liability Florida Statutes	for intangible		3. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	w Registered	Agent	
BE	CK, ROYCE W.		81	Name				
9715 SIDNEY HAYES ROAD ORLANDO FL 32824				Street Addr	ress (P.O. Box Number is Not Acco	eptable)		
İ			64	City		FL	85 Zip	Code
office or agent. I SIGNATURE	It to the provisions of Sections 607 0502 registered agent, or both, in the State am familiar with, and accept the obliga Signific typed of period name of registered ages	of Florida, Such change was au tions of, Section 607,0505, Flori	thorized by ida Statutes	the corporat s.	ion's board of directors. I hereby a	DATE	ointment as	s registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO C	OFFICERS AND		
TITLE	PD	DELETE	1.1 TITLE	ĺ			Change	Addition
NAME	BECK, ROYCE W.		1.2 NAME					
STREET ADDRESS			1.3 STREET					
CiTY-ST-ZIP	ORLANDO FL STD	DELETE	1.4 CITY - S	IT-ZIP			Change	I Addition
TITLE NAME	BECK, CAROLYN C.	L_T DELCH.	21 TITLE 22 NAME				LT Change	Hudalon
STREET ADDRESS	ALLE BOOK OPEN DOLO	•	2.3 STREET	Annesss				İ
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-	·				
TifLE	0,12,100,12	DELETE	3.1 TITLE	21-211		The same of	Change	Addition
NAMÉ			3.2 NAME				-	
STREET ADORESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS	s		4.3 STREET	ADDRESS				
CITY - ST - 7IP		····	4.4 CITY - 5	T-ZIP			-	
THTLE		☐ DELÉTE	5 1 TITLE				Change	Addition
NAME			52 NAME					
STREET ACCORES	S		5.3 STREET	ADDRESS	·			
CITY-ST-ZIP			5.4 CITY - S	T-ZIP				
₹ITLE		☐ DELETE	6.1 TITLE	(Change	Addition
NAME			6.2 NAME		•			
STREET ADDRESS	5		6.3 STREET	ADDRESS				
CITY-ST-ZIP]		6.4 CITY - S	ST-ZIP				Ì

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules, 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 trusted empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 or the parcel or on an attachment with an address.