


FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morin Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
DOCUMENT # L07398 (5) 1. Corporation Name KLG TRUCKING, INC.																																																																																																																													
Principal Place of Business 7511 NORTHWEST 42ND DRIVE CORAL SPRINGS FL 33065			Mailing Address 7511 NORTHWEST 42ND DRIVE CORAL SPRINGS FL 33065-2014																																																																																																																										
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		3. Date Incorporated or Qualified 08/08/1989 3a. Date of Last Report 04/25/1996 4. FEI Number 65-0138434 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
9. Name and Address of Current Registered Agent IACOVANGELO, GAIL 7511 N.W. 42ND DRIVE CORAL SPRINGS FL 33065			10. Name and Address of New Registered Agent 11 Name 12 Street Address (P.O. Box Number is Not Acceptable) 13 City 14 State FL 15 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: <i>Gail Iacovangelo, Pres.</i> DATE: <i>4/15/97</i> <small>(Type and print name of registered agent and title, if applicable. (NOTE: Registered agent signature required when reinstating).)</small>																																																																																																																													
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>IACOVANGELO, SALVATORE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7511 NW 42ND DR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CORAL SPGS FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SELLERS, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8105 NW 75TH AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMARAC FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>RICHARD LANNI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7511 NW 42 DR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CORAL SPRINGS FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GAIL E. 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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 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: <i>Gail E. Iacovangelo</i> DATE: <i>4/15/97</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													



CR2E034 (9/96)