


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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90154 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000068017**

1. Corporation Name  
**K & K MOBILE TRUCK REPAIR INC**



Principal Place of Business <b>6246 KENDRICK ST PALM BEACH GARDENS FL 33418 US 12163 73rd CT No. West Palm Beach, FL 33412</b>	Mailing Address <b>6246 KENDRICK ST PALM BEACH GARDENS FL 33418 US 12163 73rd CT No. West Palm Beach, FL 33412</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>08/31/1995</b>	4. FEI Number <b>65-0612567</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State <b>23</b>	City & State <b>28</b>	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	

9. Name and Address of Current Registered Agent <b>FARRAHER, KEVIN L 6246 KENDRICK ST PALM BEACH GARDENS FL 33458</b>	10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</b>
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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 *Kevin L. Farragher* (NOTE: Registered Agent signature required when reinstating) DATE *4-20-99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>FARRAHER, KEVIN L.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FARRAHER, KEVIN L.</b>		1.2 NAME	
STREET ADDRESS <b>6246 KENDRICK STREET 12163 73rd CT No.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL West Palm Beach, FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FARRAHER, KATHLEEN</b>		2.2 NAME	
STREET ADDRESS <b>6246 KENDRICK STREET 12163 73rd CT No.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL West Palm Beach, FL</b>		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: *Kevin L. Farragher* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *4-20-99* DAYTIME PHONE # *561-333-3552*

0369337

CR2E034 (11/98)