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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000045787 (4)

A & A TRUCKING, INC.

ncipal Place of Business	Mailing Address		
II HOLLYWOOD PLACE	B11 HOLLYWOOD PLACE		
EST PALM BEACH FL 33405	WEST PALM BEACH FL 33405-1811		

## **FILED** May 01 1997 8:00am Secretary of State

-811 HOLLYWOOD PLACE 811 H		Mailing Address 811 HOLLYWOOD PLACI WEST PALM BEACH FL			
				3. Date Incorporated or Qualified 05/23/1996	3a. Date of Last Report
2. Principal Place of Bus	iness	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		65-0683581	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
<b>23</b> Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☑ Yes  ☐ No
	e and Address of Current		100	10. Name and Address of New Re	
ALMEIDA, AR	GELIO		81 Name		
811 HOLLYWOOD PLACE		82 Street A	ddress (P.O. Box Number is Not Acceptate	nle)	
WEST PALM	BEACH FL 33405				
			83		
			84 City		85 Zip Code
11. Pursuant to the provi	sions of Sections 607 0502	and 607 1508 Florida Statu	Ites the above-named o	orporation submits this statement for the p	FL 3 2 10 South
office of registered a	gent, or both, in the State o	If Florida, Such change was ions of, Section 607.0505, F	authorized by the corpo	pration's board of directors. I hereby accep	of the appointment as registered
SIGNATURE	with and accept the conget	ions of, Beolidi' 607.0305, 1	icirca Statutes.		
Signature, type	d or printed name of registered agent		DTE: Registered Agent signature re		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE D	A, ARGELIO	DELETE	1.1 7111.6		Change Addition
844 118	LLYWOOD PLACE		1.2 NAME		
WEST	ALM BEACH FL 33405		1.3 STREET ADDRESS		
CITY-ST-ZIP WEST F	THE PERCENT L COTOS	DELCTE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 C(1Y - \$1 - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME - •		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 T(T)E		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		Charlige Adulition
NAME			5.1 TITLE		La Addition
STREET ADDRESS			5.3 NAME 5.3 STREET ADDRESS		/1/63/1/00
CITY-ST-ZIP			5.4 CITY-ST-ZIP		71111111
TITLE		DELETE	6.1 TITLE	gray party party party are 14 per	Ghange Addition
NAME			6.2 NAME	<b>8000021</b> 6 -05/06/97010	20/27515 * *********************************
STREET ADDRESS			6.3 STREET ADDRESS	***185.00	19
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***************************************	

I do hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.