

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90015 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000026231

1. Corporation Name

ALOF AUTO TAG AGENCY INC.



Principal Place of Business
 175 GREYNOLDS CIRCLE
 LANTANA FL 33465

Mailing Address
 475 GREYNOLDS CIRCLE
 LANTANA FL 33465

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1997

4. FEI Number

65-0743429

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALLONE, ALFRIEDA F
 475 GREYNOLDS CIRCLE
 LANTANA FL 33465

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE	P	<input type="checkbox"/> DELETE
WE	MALONE, ALFRIEDA F	
REET ADDRESS	501 S 13TH CT.	
Y-ST-ZIP	LANTANA FL 33462	
LE		<input type="checkbox"/> DELETE
WE		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
WE		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
WE		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
WE		
REET ADDRESS		
Y-ST-ZIP		

1.1 TITLE	U.A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MALONE ALFRIEDA F.	
1.3 STREET ADDRESS	475 Greynolds Circle	
1.4 CITY-ST-ZIP	LANTANA, FL 33462	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bane William G.	
2.3 STREET ADDRESS	475 Greynolds Circle	
2.4 CITY-ST-ZIP	LANTANA FL 33462	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Alfrieda F. Malone
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-99

5615855644
 Date Daytime Phone #

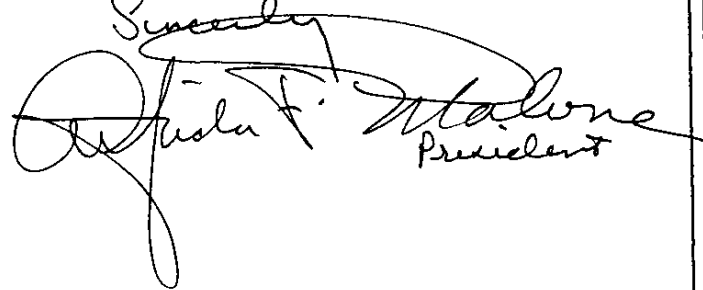
CR2E034 (5/99)

P97000026231
583399-90015-35

A. L. O. F. Auto Tag
475 Greynolds Cir.
Lantana, FL 33462-4565

7-1-99

As per conversation today with
Carolyn L. from Division of
Corporations I am enclosing
a check in the amount of \$150.00
for filing fees. I never received
1999 Profit Corp. Report to file
before 6-30-99.

Sincerely

Joseph F. Malone
President