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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** P97000071597 (3)

FILED Jun 24 1998 8:00am Secretary of State

K L R TRUCK			•		
Principal Place of Bus	iriess	Mailing Address	,	1 1991/961 1/9 18/11 (88) 48/11 68/11 68/11 68/11	14 (1888) 1988) Willia (Milia 1881 1881)
408 SW 10TH AVENUE 408 SW 10TH AVENUE BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435				DO NOT WRITE IN T	THI S S PACE
)				3. Date Incorporated or Qualified	
				08/15/1997	
2. Principal Place of E	Susiness YX 'AVCNTUE	2a. Mailing Address 26] ປຸວິຊີ ຮຸໝ (ຕ	TU AUC	4. FEI Number	Applied For
Suite, Apt. #. etc	IN MACIONE	Suite, Apt. #, etc.	314106		Not Applicable \$8.75 Additional
22		27 600		5. Certificate of Status Desired	Fee Required
City & State	Omarı.	City & State	(3	6. Election Campaign Financing	\$5.00 May Be
23 BOYNTON	Benul I-c		BEACHFL	Trust Fund Contribution	
Zip 24 33435	Country	7m	Country	8. This corporation owes or has paid th	
	25 USA ame and Address of Curre	29 3 3435	30 USA	Personal Property Tax due June 30. 10. Name and Address of New Registe	
		III Jehistolen Watir	B1 Name		Neo Agent
ALLAN, RE			F	zena allan	
505 N.E. 3			82 Street Ado	dress (P.O. Box Number is Not Acceptable)	
BUTNIUN	BEACH FL 33435		83	SCO TH PAVE	
			B4 City	TON BEALL	FL 85 Zip Code 33435
11 Pursuant to the ry	ouicions of Spections 607 066	12 and 607 1509 Florida Ctal		poration submits this statement for the purpo	
office or repistere	d agent, or both, in the State	: of Florida, Such change wa	s authorized by the corpora	ation's board of directors. I hereby accept the	appointment as registered
_	ar with, and accept the oblig	ations of, Section 607.0505,	Florida Statutes.		•
SIGNATURE	typed or profed ratios of required ag	ent and title d'anniquetée (N	OTE Registered Agent signature regu	ired when reinstation!	ATE
12.	Contract to the contract of th	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE PR	ESIDENT	☐ DELETE	1.5 TITLE		Change Addition
NAME R E	NA ALLAN		1.2 NAME		
STREET ADDRESS 40	8 SW 10# Ave	•	1.3 STREET ADDRESS		
CITY-ST-ZIP BO	YNTON BEACH	F. F.L 33435	1 4 CITY-ST-7IP		
TITLE VIC	F PRESIDENT	DELETE	2 1 TITLE		Change Addition
NAME AL	AN CHULAN		2.2 NAME		
STREET ADDRESS 🚜 0 8	SIN 10 " THE		2.3 STREET ADDRESS		
CITY-ST-ZIP 30	YNTON BEACH	FL 33435	2. 4 CHY+ST+ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STRFET ADDRESS		
CITY-ST-ZIP		DECES	3.4. CITY-ST-ZIP		T ALL TO THE
TATLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE			5.1 T(T(E		The Charles The Wooking
NAME OTREET ADDRESS			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CITY - ST - ZIP 6 1 TITLE		Change Addition
1		□ orcit			L Change L Addition
NAME CERTE ADDRESS			6.2 NAME	*101000 ;25.713 -06 /24/98-01653-	-047 /4 Jy
STREET ADDRESS			6.3 STREET ADDRESS	***15.00	<i>J\</i> '
CITY+ST-ZIP			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)(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.

SIGNATURE: Rena Allan

4/6/48

561-243-6800