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Apr 29, 1999 8:00 am  
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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000071597

1. Corporation Name  
K L R TRUCKING INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business 408 SW 10TH AVENUE BOYNTON BEACH FL 33435		Mailing Address 408 SW 10TH AVENUE BOYNTON BEACH FL 33435	
2. Principal Place of Business 21 408 SW 10TH AVE Suite, Apt. #, etc. 22 BOYNTON BEACH City & State 23 FL - 33435 USA Zip 24 Country 25		2a. Mailing Address 26 408 SW 10TH AVE Suite, Apt. #, etc. 27 BOYNTON BEACH FL City & State 28 33435 Zip 29 Country 30	
9. Name and Address of Current Registered Agent ALLAN, RENA 408 SW 10TH AVENUE BOYNTON BEACH FL 33435		10. Name and Address of New Registered Agent 81 Name ALLAN, RENA 82 Street Address (P.O. Box Number is Not Acceptable) 408 SW 10TH AVE 83 84 City BOYNTON BEACH FL 85 Zip Code 33435	
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 <u>Rena Allan</u> DATE <u>4/22/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME ALLAN, RENA STREET ADDRESS 408 SW 10TH AVENUE CITY-ST-ZIP BOYNTON BEACH FL 33435		1.1 TITLE 1.2 NAME SAME AS 12 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE V NAME ALLAN, CHULAN STREET ADDRESS 408 SW 10TH AVENUE CITY-ST-ZIP BOYNTON BEACH FL 33435		2.1 TITLE 2.2 NAME SAME AS 12 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: Rena Allan RENA ALLAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99  
Date

561-243-6800  
Daytime Phone #

CR2E034 (11/98)