FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90003 023 ***150.00

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PROFIT.
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700092591

1. Corporation	on Name # P9/000	092591			
ALL SA	NDS TRUCKING, INC.				
Principal Place of Business Mailing Address					
					,
7025 NW 87TH AVE					
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
a Principal I	Place of Business	A Barilla Addansa		10/27/1997	
21	riace of pusifiess	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	: #. etc.	Suite, Apt, #, etc.		65-0788658	Not Applicable
22		27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite .	City & State		6. Election Campaign Financing	\$5.00 May Be
23	·	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25		30	Personal Property Tax.	Ø∕fes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
WILLARD, EILEEN					
7025 NW 87TH AVE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PARKLAND FL 33067			83		9 5 A F S S S S S S S S S S S S S S S S S S
			63		经合作的规则基础
	→		84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the above-named com	oration submits this statement for the nurnose	of changing its registered
office or i	registered agent, or both, in the State or am familiar with, and accept the obligation	f Florida. Such change was at	uthorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
4"		ons of, Section 607.0505, Floi	ilua Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSTD		1.1 TITLE		☐ Change ☐ Addition
NAME	WILLARD, EILEEN		1.2 NAME		
STREET ADDRESS	7 7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		1.3 STREET ADDRESS		-
CITY-ST-ZIP	PARKLAND FL 33067	☐ DELETE	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE	* * * * * * * * * * * * * * * * * * * *	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	Barrier St.	<u></u>	3.2 NAME		Cloude Clyddigh
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	2	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS		•	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	A-10		5.3 STREET ADDRESS		
CITY-ST-ZIP	Frankling Control		5.4 CITY-ST-ZIP		····
TITLE	7005 %	DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS	THE TANK OF THE STATE OF THE ST		6.2 NAME 6.3 STREET ADDRESS		
			= 0.4 STREET ALTERESS I		

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.

6.4 CITY-ST-ZIP

SIGNATURE: LOGICAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

954 346 8006 Daytime Phone # 1