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

**PROFIT** CORPORATION ANNUAL REPORT



DOCUMENT #

1999

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		. KILED				
	FLORIDA DEPARTMENT OF STATE  Katherine Harris	May 04, 1999 8:00 am				
	Secretary of State	Secretary of State				
4 115	DIVISION OF CORPORATIONS	05-04-1999 90070 038 ***150.00				

ALLI	ANCE TRANSPORT, INC.								
1420	e of Business Golfvièw Drive	Mailing Address	pdwy.	. Blvo	l.				
-	ona Beach, FL 32114	Suite 100				DO NOT WRI	TE IN THIS	SPACE	
US		Daytona Beach, 1	FL 32	2114		3. Date Incorporated or Qualifed			
		US							
Principal P	lace of Business	2a. Mailing Address				2/3/98 4. FEI Number		Ar	plied For
1	labo J. Basiness	26				59-3500316		<b>└</b>	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75	
!	,	27 100				5. Certifcate of Status Desired		Fee Re	
City & Stat	te · · · · · · ·	City & State		<del></del>		6. Election Campaign Financing	<del></del> -	\$5.00	May Bo
ļ <sup>*</sup>		28	_			Trust Fund Contribution	□. ·	Added t	
Zip	Country	Zip	Count	iry		8. This corporation owes the curr	ent vear Int	angible	
!	25	29 30	ō	•		Personal Property Tax.	ancyca: iii	Yes	□No
'	9. Name and Address of Current	<del>-                                      </del>	<del>,</del>			10. Name and Address of New F	tegistered	Agent	<del>-</del>
0.000			8	1 Name	,				
	CTER, RANDAL L.						<del></del> —		
	W. International Spd	wy. Blvd., Ste.	100 l	2 Stree	r Addres	ss (P.O. Box Number is Not Accepta	oie)		
Dayto	ona Beach, FL 32114		8	3					
					e 10	00			
			8	4 City				85 Zip (	Code
<del></del>				<u> </u>			<u>FL</u>	حبلب	<del></del> _
<ol> <li>Pursuant</li> </ol>	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	, the abo	ve-name	d corpoi	ration submits this statement for the	purpose of	changing its	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute	9S.	oo allon	13 poura of directors. Thereby added	t the apper	mineric as ro	31515155
IGNATURE	•								
IGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered A <sub>c</sub>	gent signature	required :	when reinstating)	DATE		
2.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
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MΕ	Erlinda G. Mogol		12 NAME	E	ļ				
REET ADDRESS	6073 Sabal Hammock	Circle	1.3 STRE	ET ADDRESS	,				
	,	_	1.4 CITY-						
TY-ST-ZIP	Port Orange, FL 321	□ DELETE	2.1 TITLE					☐ Change	☐ Addition
	VP								
ME	Samuel L. Lavarias	Í						☐ Criange	
REET ADDRESS			2.2 NAME	E				C Criange	[] AUUIUUI
0/07 70	718 Breckenridge Dr		2.2 NAME		8			☐ Criange	∐ Addition
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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:

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(904) 257-6924

Daytime Phone #