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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000014893
Corporation Name	1 0000001 1000

ALDEN LOGISTICS, INC.

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90015 005 ***158.75



Principal Place of Business Mailing Address							7	1 1991/981 //8 11	###	PIN W WITH W WIN	/ 11 0 11 0100 1 1011	(4180 IIII SPO(
1674 BOATSWAIN 1674 BOATSWAIN PALM CITY FL 34990 PALM CITY FL 34990												
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	_ · · · -	· · · · · · · · · · · · · · · · · · ·	- -				3.	Date Incorporate	d or Qualifed			
								02/13/1998				
Principal Place of Business 2a. Mailing Address							4.	FEI Number		ai O	Ap	plied For
21		26					1 .	65 65-	0814	<u>812</u>	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					-	Continues of State	us Desired	M	\$8.75 △	
22		27					5.	Certificate of State	18 Desired	X	Fee Re	quired
City & Stat	e	City & State				-	6.	Election Campaig	n Financing		\$5.00	May Be
23		28						Trust Fund Contr	ibution	LJ	Added to	o Fees
Zip	Country	Zip		Country	,	-	8.	This corporation	owes the cun	rent year In	tangible	
24	25	29	30	i]			}	Personal Property	y Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent		·			10.	Name and Addr	ess of New F	Registered	Agent	
				81	Na	me						
	en, Bryan s			82	20 21		ress (P.O. Box Number is Not Acceptable)					
1674 BOATSWAIN				82	Su	eer Addre	:SS (F	O. Box Number is	s Not Accepte	aule)		
PALM CITY FL 34990				83								
					<u> </u>							
				84		•				FL	85 Zip C	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	aulth	orized by	the c	ned corpo corporation	ration n's bo	n submits this state pard of directors. I	ement for the hereby accer	purpose of pt the appo	changing.its intment as rec	registered gistered
SIGNATURE												
	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·	TE: Re		nt signa	ture required			1050 TO OF	DATE	ND DIDECTO	GC IN 12
12.		ND DIRECTORS	+	13.		1		ADDITIONS/CHAN	IGES TO UP	FICERS A	Change	Addition
TITLE	PVST	☐ OELETE		1.1 TITLE							[_] Change	
NAME	ALDEN, BRYAN S			1.2 NAME								1
STREET ADDRESS				1.3 STREE	TADDR	ESS						
CITY-ST-ZIP	PALM CITY FL 34990		\dashv	1.4 CITY- S	T-ZIP							
TITLE	DELETE			2.1 TITLE		1					Change	Addition
NAME				2.2 NAME					•			j
STREET ADDRESS				2.3 STREET	T ADDR	ESS						1
CITY-ST-ZIP				2.4 CITY-S	ST-ZIP							
TITLE		☐ DELETE		3.1 TITLE					•	•	Change	☐ Addition
NAME				3.2 NAME							•	
STREET ADDRESS				3.3 STREET	TADOR	ESS						
CITY-ST-ZIP				3.4. CITY- S	ST-ZIP							
TITLE		☐ DELETE		4.1 TITLE				·	<u></u>		☐ Change	☐ Addition
NAME				4. 2 NAME								

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



DELETE

☐ DELETE

561-340-2552 Daytime Phone #

☐ Change

Change

☐ Addition

Addition