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

0309232

PROFIT CORPORATION ANNUAL REPORT

1999

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

99 MAR 16 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000017746**

1. Corporation Name
AMERICAN LOGISTICS & DISTRIBUTION, INC.

Principal Place of Business	Mailing Address
5001 S. UNIVERSITY DR."A" DAVIE FL 33328	5001 S. UNIVERSITY DR."A" DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/24/1998

4. FEI Number
65-0821864 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 10097 CLEARY BLVD	26 10097 CLEARY BLVD S-298
22 Suite, Apt. #, etc. S-298	27 Suite, Apt. #, etc. PLANTATION
23 City & State PLANTATION	28 City & State FL
24 Zip FL 25 Country 33324	29 Zip 33324 30 Country BROWARD

9. Name and Address of Current Registered Agent

BEAVERS, DANA
5001 S. UNIVERSITY DR."A"
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name PERRI TRENK
82 Street Address (P.O. Box Number is Not Acceptable) 1020 NW 107TH AVE
83 PLANTATION
84 City PLANTATION FL 85 Zip Code 33322

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 PERRI TRENK 3/12/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	[ ] DELETE	11 TITLE	[ ] Change [X] Addition
NAME	BEAVERS, DANA		12 NAME	UP
STREET ADDRESS	5001 S. UNIVERSITY DR."A"		13 STREET ADDRESS	TRENK, PERRI
CITY-ST-ZIP	DAVIE FL 33328		14 CITY-ST-ZIP	10097 CLEARY BLVD S-298
TITLE		[ ] DELETE	21 TITLE	PLANTATION, FL 33324
NAME			22 NAME	[ ] Change [X] Addition
STREET ADDRESS			23 STREET ADDRESS	UP
CITY-ST-ZIP			24 CITY-ST-ZIP	BEAVERS, DANA
TITLE		[ ] DELETE	31 TITLE	10097 CLEARY BLVD S-298
NAME			32 NAME	PLANTATION, FL 33324
STREET ADDRESS			33 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	700002818507--5
STREET ADDRESS			43 STREET ADDRESS	-03/25/98--01079--002
CITY-ST-ZIP			44 CITY-ST-ZIP	****150.00 ****150.00
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[X] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

3-16-99

CR2E034 (11/98)

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: 3/8/99 954-95-9072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #