

PROFIT CORPORATION ANNUAL REPORT 1999

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 SEP 27 AM 10:02

DOCUMENT # **P98000045507** ✓
 Corporation Name
TRUCK & ALLEN, INC.



Principal Place of Business
 199 BISCAYNE BLVD. #110
 RTH MIAMI BEACH FL 33181

Mailing Address
 13890 BISCAYNE BLVD. #110
 NORTH MIAMI BEACH FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/20/1998		4. FEI Number 65-0838160		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

9. Name and Address of Current Registered Agent
GARBER, HAROLD M
 12000 BISCAYNE BLVD. #218
 MIAMI FL 33181

10. Name and Address of New Registered Agent
 B1 Name **JAMES ANGLETON SR.**
 B2 Street Address (P.O. Box Number is Not Acceptable)
10230 COLLINS AVE SUITE 201
 B3
 B4 City **BAL HARBOR** FL 85 Zip Code **33154**

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: *James Angleton* **JAMES ANGLETON** DATE: **Sept 5, 1999**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. STREET ADDRESS		1.2 NAME	President
3. CITY-ST-ZIP		1.3 STREET ADDRESS	201-10230 COLLINS AVE
4. NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	BAL HARBOR FL 33154
5. STREET ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. CITY-ST-ZIP		2.2 NAME	DIRECTOR
7. NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	JAMES ANGLETON JR
8. STREET ADDRESS		2.4 CITY-ST-ZIP	1371 96 STREET
9. CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	BAY HARBOR ISLAND FL 33154
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-ST-ZIP		4.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17. STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-ST-ZIP		5.2 NAME	
19. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-ST-ZIP	
21. CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> DELETE	6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *James Angleton* **JAMES ANGLETON SR. Pres.** 305 8682121

CR2E034 (11/98)