


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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S85013 (8) 1. Corporation Name ALCO TRUCKING SERVICES INC.			
Principal Place of Business 610 N.W. 183RD STREET STE. 6 MIAMI FL 33169 US		Mailing Address 610 N.W. 183RD STREET STE. 6 MIAMI FL 33169-4472 US	
2. Principal Place of Business 21 17440 NW 2nd AVENUE Suite, Apt. #, etc.		2a. Mailing Address 26 17440 NW 2nd AVENUE Suite, Apt. #, etc.	
22 City & State 23 MIAMI FLORIDA Zip Country 24 33169 25 U S A		27 City & State 28 MIAMI FLORIDA Zip Country 29 33169 30 U S A	
9. Name and Address of Current Registered Agent RITTER, CARL S. 7308 WEST ATLANTIC BLVD. MARGATE FL 33063		10. Name and Address of New Registered Agent 81 Name CARL S. PITTER 82 Street Address (P.O. Box Number is Not Acceptable) 7380 WEST ATLANTIC BLVD. 83 84 City MARGATE FL 85 Zip Code 33063	
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 _____ Signature: (print or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME NELSON, LENFORD STREET ADDRESS 610 NW 183RD STREET, STE. 6 CITY-ST-ZIP MIAMI FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME NELSON, LENFORD 1.3 STREET ADDRESS 17440 NW 2nd AVENUE 1.4 CITY-ST-ZIP MIAMI, FL. 33169	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LENFORD NELSON

Date

Daytime Phone #

4-15-97 (305)655-3105

CR2E034 (9/96)