

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

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S85013
 1. Corporation Name

Alco Trucking Services, Inc.

Principal Place of Business Mailing Address

17440 NW 2nd Avenue
 Miami, FL 33169

Same

2. Principal Place of Business

21 17440 NW 2nd Avenue

Suite, Apt. #, etc.

22 City & State

23 Miami, Florida

Zip Country

24 33169

25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

Carl S Pitter
 7380 W Atlantic Boulevard
 Margate, FL 33063

3. Date Incorporated or Qualified

10/3/91

4. FEI Number

65-0300591

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 or has paid the current year intangible
 Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relieving)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME Director
 STREET ADDRESS Lenford Nelson
 CITY-ST-ZIP 17440 NW 2nd Avenue
 Miami, FL 33169

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
 1.2 NAME Lenford Nelson
 1.3 STREET ADDRESS 17440 NW 2nd Avenue
 1.4 CITY-ST-ZIP Miami, FL 33169

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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.

APPROVED
 AND
 FILED

98 AUG -5 AM 11:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

300002610943--6
 -08/07/98--01087--004
 *****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Copy: 1/10/98