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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 623772

(1)

ALL-IN-ONE REALTY, INC.

Principal Place of Business 12925 SW 61ST. AVE.	Mailing Address 12825 SW 61ST. AVE.	12925 SW 61ST. AVE.			
MIAMI FL 33156	MIAMI FL 33156-7172		3. Date Incorporated or Qualified	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business	2a. Mailing Address		06/04/1979 4. FEI Number	Applied For	
21	26		59-1913414	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28 Zip	Country	Trust Fund Contribution	Added to Fees	
24 25	29 30	, '	This corporation has liability for Florida Statutes	Yes No	
	ss of Current Registered Agent		10. Name and Address of New Re		
SCHNEIDER, MARK		81 Name			
12925 SW 61ST. AVE.		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
MIAMI FL 33156			***************************************	·	
		83			
		84 City	***************************************	FL 85 Zip Code	
11. Pursuant to the provisions of Secti	ons 607.0502 and 607.1508, Florida Statutes,	the above-named corr	poration submits this statement for the r	ourpose of changing its registered	
office or registered agent, or both,	in the State of Florida, Such change was authopt the obligations of Section 607.0505, Florida	orized by the corpora	tion's board of directors. I hereby acce	of the appointment as registered	
•	The obligations of Section 607.0505, Florida	a Statutes.			
SIGNATURE Signature typed or pented name	of registered agent and title if applicable (NOTE: Re	gistered Agent signature requi	red when reinstating)	DATE	
	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
THE PSD	DELĒTE	1.1 TITLE		Change Addition	
NAME SCHNEIDER, MARK		1.2 NAME			
STREET ADDRESS 12925 SW 61ST AV	t.	1.3 STREET ADDRESS			
CIEY-ST-ZIF MIAMI FL 33156		1.4 City-St-ZiP			
HILE	DELETE	2 I TITLE		L Change L Addition	
NAME		2.2 NAME			
STREET ADORESS		2.3 STREET ADDRESS			
CHY- \$1-20F	DELETE	2. 4 CITY+ST-ZIP		Character College	
THE	L.J DELETE	31 TIFLE		Change Addition	
NAME		3.2 NAME			
STREET ADORESS		3 3 STREET ADDRESS			
TITLE	DELETE	3.4. City-St-ZiP 4.1 Title		Change Addition	
NAME	CLILY2	4.2 NAME			
SIRSET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-/IF		4.4 City-ST-ZIP			
TILL	DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME		*	
SIRGET ADORESS		5.3 STREET ADDRESS			
C(TY+ST+2)F		5.4 City-St-ZiP			
TILLE	☐ DELETE	6.1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADORESS		6.3 STREET ADDRESS			
City: St. 2iP		6.4 CITY - ST - ZIP			

14. I do 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 eath; 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.

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/47

305 669-0628

FILED

May 19 1997 8:00am

Secretary of State

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