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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAF:TMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 623772 1. Corporation Name

Principal Place of Business

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ALL-IN-ONE REALTY, INC.

12925 SW 61ST. AVE. MIAMI FL 33156		12925 SW 61ST. AVE. MIAMI FL 33156				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 06/04/1979			
2. Principal PI	ace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number		Ap	pled For
21		26	26			59-1913 <u>4</u> 14		No	t Applicable	
Suite, Art.	#, etc.	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	Nay Be	
23		28	28			Trust F and Contribution Added to Fees				
Zip	Coun ry	Zip	_ <del> </del>				8. This corporation owes the current year	Intangib	le	
24				Person al Property Tax.			□_Y	es	Ì≸No	
		Current Registered Agent		$T^-$			10. Name and Address of New Register	ed Agen	t	
					٨	Name				
	NEIDER, MARK 25 SW 61ST. AVE.					Street Ad	dress (P.O. Box Number is Not Acceptable)			
	MI FL 33156			83						
				84	-	City		85	Zip (	Code
						•	<u>_</u>	<u>- L   _</u>		
office crin	egistered agent, or bolh, in th	607.0502 and 607.1508, Florida State of Florida, Such change waite obligations of, Section 607.0505,	is authorize	O DY	the	amed cor corporat	poration submits this statement for the purposition's board of cirectors. I hereby accept the a	politimer	nt as re	gistered
	Signature, typed or printed na ne of regi				nt sig	jnature requi	red when reinstaling) DATE		35010	5 (C. IN) 40
12.		ERS AND DIRECTORS	13			<del></del> -	ADDITIONS/CHANGES TO OFFICERS		Change	Addition
TITLE	-		1.1	1.1 TITLE		İ		L., \	Jianye	Augition
NAME	SCHNEIDER, MARK		1.21	NAME						
STREET ADDRESS	12925 SW 61ST AVE.		1.3 3	STREET	TAD	DRESS				
CITY-ST-ZIP	MIAMI FL 33156			CITY-S	T-ZI	<u>P</u>				
TITLE	☐ DELE		2.1	TITLE				Щ(	Change	Addition
NAME			2.21	2.2 NAME						
STREET ADDRESS			2.3	2.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP			2. 4	2, 4 CITY-ST-ZIP		JP PI				
TITLE		☐ DELETE. 3.1		3.1 TITLE		ļ			Change	☐ Addition
NAME			3.21	3.2 NAME						
STREET ADDRESS	ADDRESS		3.3	3.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP				34 CITY-ST-ZIP		.IP				
TITLE	DELETE 4.1		4.1 TITLE		İ			Change	☐ Addition	
NAME	4.3		4. 2 NAME		İ					
STREET ADDRESS	ORI:SS		4.3	4.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP			4.4	CITY-S	T-Z	IP				
TITLE		☐ DELETE	5.1	TITLE					Change	☐ Addition
NAME			5.2	NAME						
STREET ADDR ESS			5.3	STREE	TAD	DORESS				
CITY-ST-7IP			5.4	спу-в	T-Z	IP				

14. I here by 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 change 1, or on an attachment with an address, with all other like empowered SIGNATURE:

DELETE

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90010 001 \*1,200.00

CR2E034 (11/98)

☐ Addition