

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J98108

1. Corporation Name

ALL PHASE BUSINESS SERVICES, INC.

Principal Place of Business

4280 GALT OCEAN DR.
FT. LAUDERDALE, FL 33308

Mailing Address

P.O. Box 24504
FT. LAUDERDALE, FL 33307

800001466348

-04/27/95--01038--020

***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10-16-1987
3a. Date of Last Report 3-10-94

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	4280 GALT OCEAN DR	26	P.O. Box 24504	65-0146139		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22	SRM	27	SRM	<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23	FT. LAUDERDALE	28	FT. LAUDERDALE FL	Trust Fund Contribution		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	33308	25	USA	29	33307	30	USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				VERGNICA A. CLEVER			
				4280 GALT OCEAN DRIVE			
				83	APT - SRM		
				84	City	FL	85 Zip Code
				FT. LAUDERDALE 33308			

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERGNICA A. CLEVER	1.2 NAME	
STREET ADDRESS	4280 GALT OCEAN DR.	1.3 STREET ADDRESS	
CITY-ST ZIP	FT. LAUDERDALE, FL 33308	1.4 CITY-ST ZIP	
TITLE	DIRECTOR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT A. CLEVER	2.2 NAME	
STREET ADDRESS	4280 GALT OCEAN DR.	2.3 STREET ADDRESS	
CITY-ST ZIP	FT. LAUDERDALE, FL 33308	2.4 CITY-ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST ZIP		3.4 CITY-ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST ZIP		4.4 CITY-ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST ZIP		5.4 CITY-ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST ZIP		6.4 CITY-ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Robert A. Clever 4-12-95 (305) 565-0282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter 607, Florida Statutes