

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:45

DOCUMENT # **K05160** (2)

1. Corporation Name
ALL SYSTEMS, INC.

Principal Place of Business Mailing Address
**252 ARDICE AVE.
SUITE 405
EUSTIS FL 32726**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1987		3a. Date of Last Report 09/22/1994	
4. FEI Number 65-0044182		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S 199 B32, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 18950 US Hwy 441 State, Apt #, etc.		26 18950 US Hwy 441 State, Apt #, etc.	
22 #221		27 #221	
23 Mt. Dora, FL City & State		28 Mt. Dora, FL City & State	
24 32757 Zip	25 USA Country	29 32757 Zip	30 USA Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VERMEULEN, BLAINE 252 ARDICE AVE. SUITE 405 EUSTIS FL 32726				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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: *Blaine Vermeulen* DATE: **1-10-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERMEULEN, BLAINE	2. NAME	
STREET ADDRESS	252 ARDICE AVE., STE 405	3. STREET ADDRESS	
CITY, ST, ZIP	EUSTIS FL	4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that the information is true and correct. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. This filing is effective on the date of this corporation or the receipt of funds and appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: *Blaine Vermeulen* DATE: **1-10-95** TELEPHONE: **904-383-6438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR