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Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K05160 (2)
1. Corporation Name
ALL SYSTEMS, INC.



Principal Place of Business: 16950 US HWY 441 #221 MT DORA FL 32757 US
Mailing Address: 16950 US HWY 441 #221 MT DORA FL 32757-6736 US

3. Date Incorporated or Qualified: 12/03/1987
3a. Date of Last Report: 02/16/1986

2. Principal Place of Business: 21 2060 N. Donnelly St. 22 Mount Dora, FL 23 32757 USA
2a. Mailing Address: 26 2060 N. Donnelly St. 27 Mount Dora, FL 29 32757 USA 30 USA

4. FEI Number: 65-0044182
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes [X] No []

9. Name and Address of Current Registered Agent: VERMEULEN, BLAINE 252 ARDICE AVE. SUITE 405 EUSTIS FL 32726

10. Name and Address of New Registered Agent: 81 Name 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: Blaine Vermeulen President 1-14-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	VERMEULEN, BLAINE	
STREET ADDRESS	252 ARDICE AVE., STE 405	
CITY-ST-ZIP	EUSTIS FL	
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	Change [X] Addition []
1.2 NAME	
1.3 STREET ADDRESS	2060 N. Donnelly St.
1.4 CITY-ST-ZIP	Mount Dora, FL 32757
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 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 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: Blaine Vermeulen 1-14-97 352-383-6438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)