

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90133 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K05160

1. Corporation Name
ALL SYSTEMS, INC.

Principal Place of Business

2060 N DONNELLY ST
 #221
 MOUNT DORA FL 32757
 US

Mailing Address

2060 N DONNELLY ST
 #221
 MT DORA FL 32757
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1987

4. FEI Number

65-0044182

Applied For

Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 240 S. HIGHLAND STREET
 Suite, Apt. #, etc.

2a. Mailing Address

26 240 S. HIGHLAND STREET
 Suite, Apt. #, etc.

22 MOUNT DORA, FL 32757
 City & State

27 MOUNT DORA, FL 32757
 City & State

23 Zip Country
 24 32757 25 U.S.A.

28 Zip Country
 29 32757 30 U.S.A.

9. Name and Address of Current Registered Agent

VERMEULEN, BLAINE
 2060 N DONNELLY ST
 SUITE 405
 MOUNT DORA FL 32757

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. **Address only**

SIGNATURE *Blaine Vermeulen* **BLAINE VERMEULEN, PRES. 1/5/99**

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 **2060 N DONNELLY ST**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **240 S. HIGHLAND STREET**
 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 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, with all other like empowered.

SIGNATURE: *Blaine Vermeulen* **1-5-99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-383-6438
 Date Daytime Phone #

CR2E034 (11/98)