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Apr 25 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 # P95000081253 (3)

1. Corporation Name
ALLSTATE EXTERIORS, INC.



Principal Place of Business
P.O. BOX # 43
PALM HARBOR FL 34682-0043

Mailing Address
P.O. BOX # 43
PALM HARBOR FL 34682-0043

3. Date Incorporated or Qualified 10/19/1995
3a. Date of Last Report 07/23/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 3302 W. Dr. M.L.K. Blvd.
27 Suite, Apt. #, etc.
27 # 1081
28 City & State
28 Tampa FL
29 Zip
29 33607
30 Country
30 USA.

4. FEI Number 59-3337904
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SAILORS, DAVID G
3302 W. Dr. M.L.K. Blvd. # 1081
Tampa, FL 33607

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 David G. Sailors
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE April 9, 1997

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	SAILORS, DAVID	
STREET ADDRESS	P.O. BOX 43 NA	
CITY-ST-ZIP	PALM HARBOR FL	49% shares
TITLE	ST	DELETE <input type="checkbox"/>
NAME	SAILORS, ELSA	
STREET ADDRESS	P.O. BOX 43 NA	
CITY-ST-ZIP	PALM HARBOR FL	51% shares
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 David G. Sailors
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 4/19/97 (813) 877-1913

CR2E034 (9/96)