

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Norman
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:50**

DOCUMENT # 393655 (6)
1. Corporation Name
ALL STATE REALTY CORP.

Principal Place of Business Mailing Address
**2601 BISCAYNE BLVD 2601 BISCAYNE BLVD
P.O. BOX 370308 P.O. BOX 370308
MIAMI FL 33137 MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/10/1972 06/20/1994

4. FEI Number Applied For
59-1443446 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**ANDERSON, BERNO MARIE
2601 BISCAYNE BLVD
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name **CAIRNS, TERRANCE V.**

82 Street Address (P.O. Box Number is Not Acceptable) **2601 Biscayne Boulevard**

83

84 City **Miami** FL 85 Zip Code **33137**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0605, Florida Statutes.

SIGNATURE: *Sandra S. Norman* DATE: **4/27/95**

Signature, typed or printed name of registered agent and legal effect (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME **MILLER, IRVING E**
STREET ADDRESS **2601 BISCAYNE BLVD.**
CITY - ST - ZIP **MIAMI FL**

TITLE SD
NAME **GOLDSTEIN, MICHELLE**
STREET ADDRESS **2601 BISCAYNE BLVD.**
CITY - ST - ZIP **MIAMI FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is complete, furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or application 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 trustee 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, block 13 must be attached with a new address.

SIGNATURE: *[Signature]* Date Officer/Trustee