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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT O[illegible]ATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORA[illegible]NS

APPROVED AND FILED

95 APR 18 PM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **491765** **(4)**

1. Corporation Name

ALL POINTS, INC., REALTY

Principal Place of Business	Mailing Address
599 SOUTH YONGE STREET P. O. BOX 5 ORMOND BEACH FL 32175	599 SOUTH YONGE STREET P. O. BOX 5 ORMOND BEACH FL 32175-0005 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1975	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1770693	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NELSON, M DEAN
232 THIRD AVENUE
DAYTONA BEACH FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1.1 TITLE	☐ Change ☐ Addition
NAME	MORAN, RICHARD	1.2 NAME	
STREET ADDRESS	599 S. YONGE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	MORAN, RICHARD	2.2 NAME	
STREET ADDRESS	599 S. YONGE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does [illegible] 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 [illegible] 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 [illegible] cute 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: R Moran Richard MORAN 4-7-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018110 CP