

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 495420 (2)

1. Corporation Name

ALLOFUS, INC.



Principal Place of Business

304 S. COUNTY ROAD
PALM BEACH FL 33480

Mailing Address

304 S. COUNTY ROAD
PALM BEACH FL 33480

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/11/1976

3a. Date of Last Report

04/26/1995

4. FEI Number

59-1684070

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

10. Name and Address of New Registered Agent

BROMBERG, IRVING
291 NW 84TH WAY
CORAL SPRINGS FL 33071

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when redesignating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

ST
BROMBERG, IRVING
291 NW 84TH WAY
CORAL SPRINGS FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

D
BROMBERG, WENDY
291 NW 48TH WAY
CORAL SPRINGS FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

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STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; that I am an officer 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)