


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

AMENDED

FILED

99 AUG -9 PM 12: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 438499</b>					
1. Corporation Name <b>ALL AMERICAN, INC.</b>					
Principal Place of Business <b>3410 N. Florida Ave. Tampa, FL 33603-5853</b>			Mailing Address <b>9902 N. Gallagher Rd. Dover, FL 33527-3612</b>		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3410 N. Florida Ave.</b>		2a. Mailing Address 26 <b>9902 N. Gallacher Rd.</b>		4. FEI Number <b>59-1494750</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State <b>Tampa, FL</b>		27 City & State <b>Dover, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip <b>33603-5853</b>		28 Zip <b>33527-3612</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>WAYDE LOVELACE 3400 N. Florida Ave. Tampa, FL 33603</b>				10. Name and Address of New Registered Agent 81 Name <b>JOYCE HAMILTON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>9902 N. Gallagher Rd.</b> 83 84 City <b>Dover</b> 85 Zip Code <b>FL 33527-3612</b>			

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President/Director	<input checked="" type="checkbox"/> DELETE		11 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Wayde Lovelace			12 NAME	Joyce Hamilton		
STREET ADDRESS	3400 N. Florida Ave.			13 STREET ADDRESS	9902 N. Gallagher Rd.		
CITY-ST-ZIP	Tampa, FL 33603			14 CITY-ST-ZIP	Dover, FL 33527-3612		
TITLE	Vice President	<input checked="" type="checkbox"/> DELETE		21 TITLE	Secretary/Treasurer/	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Wayde Lovelace			22 NAME	Director		
STREET ADDRESS	3400 N. Florida Ave.			23 STREET ADDRESS	Mary C. Cable		
CITY-ST-ZIP	Tampa, FL 33603			24 CITY-ST-ZIP	7502 N. Tampania Ave.		
TITLE		<input type="checkbox"/> DELETE		31 TITLE	Tampa, FL 33614	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32 NAME	300002962263--3		
STREET ADDRESS				33 STREET ADDRESS	-08/17/99--01056--010		
CITY-ST-ZIP				34 CITY-ST-ZIP	****183.75 *****61.25		
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

X2681