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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **524376** **(1)**

1. Corporation Name
ALL TREND CORPORATION

Principal Place of Business
4701 B N.E. 12TH AVENUE
FT. LAUDERDALE FL 33334

Mailing Address
4701 B N.E. 12TH AVENUE
FT. LAUDERDALE FL 33334

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country 30

3. Date Incorporated For Qualified: **01/24/1977**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **59-1716040** 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**
HILL, CHARLES A. S.
4701 B NE 12TH AVE
FT. LAUDERDALE FL 33334

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 Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent are identical. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILL, CHARLES A. S.
STREET ADDRESS	3610 BAYVIEW DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	[ ] DELETE
NAME	[ ] DELETE
STREET ADDRESS	[ ] DELETE
CITY-ST-ZIP	[ ] DELETE
TITLE	[ ] DELETE
NAME	[ ] DELETE
STREET ADDRESS	[ ] DELETE
CITY-ST-ZIP	[ ] DELETE
TITLE	[ ] DELETE
NAME	[ ] DELETE
STREET ADDRESS	[ ] DELETE
CITY-ST-ZIP	[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
3. TITLE	[ ] Change [ ] Addition
4. NAME	
5. STREET ADDRESS	
6. CITY-ST-ZIP	
4. TITLE	[ ] Change [ ] Addition
5. NAME	
6. STREET ADDRESS	
7. CITY-ST-ZIP	
5. TITLE	[ ] Change [ ] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
6. TITLE	[ ] Change [ ] Addition
7. NAME	
8. STREET ADDRESS	
9. CITY-ST-ZIP	

14. I do hereby certify that the information supplied within this document, true and accurate to the best of my knowledge, and that I am aware that false information submitted to a state agency may lead to civil or criminal penalties. I further certify that the information indicated on this report or supplemental 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 or other court appointed fiduciary thereof, or another individual authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or on a separate document accompanying this document.

SIGNATURE: Charles A. S. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles A. S. Hill, Pres./Dir.

Date: 3/28/96 Daytime Phone: 954/491-0[illegible]

CR2E034 (12/95)