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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:48

DOCUMENT # 579536 **(4)**

1. Corporation Name
ALL POINTS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
RT 1 BOX 3309 MONROEVILLE OH 44847	RT 1 BOX 3309 MONROEVILLE OH 44847

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/19/1978**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **54-1111010** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROACHE, ROBERT E.
8203 S.W. 124TH STREET
MIAMI FL 33156

10. Name and Address of New Registered Agent

81. Craig Stone esq.
82. 1625 North Connerce Parkway
83. Suite 305, Barnett Bank Bldg,
84. Ft. Lauderdale, Fl 33326

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 X CRAIG R. STONE 2-25-95
Signature, typed or 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALBERTS, DONALD A. PH.D 3309 PERU CENTER ROAD MONROEVILLE OH 44847	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P ALBERTS, SHIRLEY E. 3309 PERU CENTER ROAD MONROEVILLE, OHIO 44847-9799	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ALBERTS, SHIRLEY RD. #3, BOX 3309 MONROEVILLE OH	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CEO/V ALBERTS, DONALD A. PH.D 3309 PERU CENTER ROAD MONROEVILLE, OHIO 44847-9799	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALBERTS,KEITH RD 1,BOX 3309 MONROEVILLE OH	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T ALBERTS, REV. KEITH ST CHRISTINE PARISH EUCLID, OHIO 44123	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHUKER, DAWN ARLENE RT 61N NORWALK OH 44857	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S SHUKER, DAWN ARLENE ROUTE 61 NORTH NORWALK, OHIO 44857	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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.

SIGNATURE: Donald A. Alberts Ph.D 2-2-95 1-419-465-2541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FN