

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

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95 APR 12 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 625 870

1. Corporation Name

DO IT ALL INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	2860 N.W. 187 ST.	26		06/01/1979		1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1975341		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23	MIAMI FL.	28		<input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
24	33056	25	U.S.A.	29		30	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
				7. This corporation has liability for intangible tax under s. 198.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANN NEAL
2860 N.W. 187 ST.
MIAMI, FL. 33056

81	Name	A. A. TURNER	
82	Street Address (P.O. Box Number is Not Acceptable)	2860 N.W. 187 ST.	
83			
84	City	MIAMI	FL
85	Zip Code	33056	

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

A. A. Turner

3/30/95

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

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER ARCHIBALD R	1.2 NAME	
STREET ADDRESS	2860 N.W. 187 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33056	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER RUFINA L	2.2 NAME	
STREET ADDRESS	2860 N.W. 187 ST.	2.3 STREET ADDRESS	800001454678
CITY-ST-ZIP	MIAMI FL 33056	2.4 CITY-ST-ZIP	-04/12/95--01082--004
TITLE	VP	3.1 TITLE	***208.75 ***208.75
NAME	TURNER ANTONY	3.2 NAME	
STREET ADDRESS	45 W. 36 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK	3.4 CITY-ST-ZIP	
TITLE	MS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL ANN	4.2 NAME	
STREET ADDRESS	2860 N.W. 187 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33056	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER ARCHENE	5.2 NAME	
STREET ADDRESS	2860 N.W. 187 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33056	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER JENNA	6.2 NAME	
STREET ADDRESS	2860 N.W. 187 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	6.4 CITY-ST-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 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:

Archibald Turner
ARCHIBALD TURNER (PRESIDENT)

3/30/95 305-625-6914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/PHONE #