

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **625870** (1)
1. Corporation Name
DO IT ALL, INC.



Principal Place of Business: **2860 NW 187 ST. MIAMI FL 33056**
Mailing Address: **2860 NW 187 ST. MIAMI FL 33056**

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 or Qualified: **06/01/1979**
3a. Date of Last Report: **04/12/1995**
4. FFI Number: **59-1975341**
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
**TURNER, A. A.
2860 N.W. 187 ST.
MIAMI FL 33056**

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 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) (20) Registered Agent signature required when in office (Date)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	TURNER, ARCHIBALD A	
STREET ADDRESS	2860 N W 187TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TURNER, RUFINA L	
STREET ADDRESS	2860 N. W 187TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TURNER, ANTONY	
STREET ADDRESS	45 W. 36 ST.	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NEAL, ANN	
STREET ADDRESS	2860 N W 187TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TURNER, ARCHENE	
STREET ADDRESS	2860 N W 187TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TURNER, DONNA	
STREET ADDRESS	2860 N W 187TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 A. Turner* **RES** 305-625-6814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed

CR2E034 (12/95)