

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

FILED

**Feb 27 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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 Mailing Address
**2880 NW 187 ST.
MIAMI FL 33056** **2880 NW 187 ST.
MIAMI FL 33056-3131**

3. Date Incorporated or Qualified **06/01/1979** 3a. Date of Last Report **03/25/1996**
4. FEI Number **59-1975341** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**TURNER, A. A.
2880 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 85c-4 applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	TURNER, ARCHIBALD A	
STREET ADDRESS	2880 N W 187TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TURNER, RUFINA L	
STREET ADDRESS	2880 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	2880 N W 187TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TURNER, ARCHENE	
STREET ADDRESS	2880 N W 187TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TURNER, DONNA	
STREET ADDRESS	2880 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 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: *Archibald Turner Pres.* 2/24/97 305-625-6814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E004 (9/96)