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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 625870

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/01/1979

4. FEI Number
59-1975341
Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country 30

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURNER, A. A.
2860 N.W. 187 ST.
MIAMI FL 33056

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Archibald Turner

2/22/99

Date

Daytime Phone #

CR2E034 (1/198)