

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **683872** (6)

1. Corporation Name
ALLIN, INC.



Principal Place of Business: **350 CYPRESS GARDENS BLVD WINTER HAVEN FL 33880**
Mailing Address: **350 CYPRESS GARDENS BLVD WINTER HAVEN FL 33880**

3. Date Incorporated or Qualified: **10/08/1980**
3a. Date of Last Report: **02/28/1995**

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

4. FEI Number: **59-2041377**
Applied For: Not Applicable
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

10. Name and Address of New Registered Agent

**SCHWARB, F ALLAN
350 CYPRESS GARDENS BLVD
WINTER HAVEN, FL
33880**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL 33884**

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 of the individual filing this report as the filer.

Signature of Registered Agent (signature required when registering).

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	TS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SCHWARB, LINDA F	2.1 NAME	
3. STREET ADDRESS	1206 CYPRESS POINT DR E	3.1 STREET ADDRESS	
4. CITY, ST, ZIP	WINTER HAVEN, FL 33880	4.1 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33884
5. TITLE	PD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	SCHWARB, F ALLAN	6.1 NAME	
7. STREET ADDRESS	1206 CYPRESS POINT DR E	7.1 STREET ADDRESS	
8. CITY, ST, ZIP	WINTER HAVEN, FL 33880	8.1 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33884
9. TITLE		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY, ST, ZIP		12.1 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY, ST, ZIP		16.1 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE		17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY, ST, ZIP		20.1 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *J. Allan Schwab* 2/10/96 9412947441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)