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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 857080

(6)

ALL ROADS OF TEXAS, INC.

| | | | | | | | | | | ARBIJ BIBLIJ P | | |
|--|--|--|--|---|--------------------------|--------------------------------|--|---|--|---------------------|--------------------|------------------|
| Principal Place of Business Mailing Address | | | | | | | | | | | | AR BY |
| 1201 U.S. HIGHWAY 1 | | | 1201 U.S. HIGHWAY 1 | | | | | | | | | |
| STE 310 North Palm Beach FL 33408 | | | STE 310 North Palm Beach FL 33408-3548 | | | | | | | | | |
| | | | | | | | | Incorporated or Qualified 12/1983 | 8a. Date of Last Report 01/26/1996 | | | |
| 2. Principal P | Place of Business | 2 | a. Mailing Address | | | | 4. FEI I | | | | Applied | For |
| 21 | | 26 | | | | | 58 |) -2233505 | | | Not App | olicable |
| Suite, Apt | #, etc. | 27 | Suite, Apt. #, etc. | | | | 5. Cert | ificate of Status Desired | | | 5 Addition Require | |
| City & State | | | City & State | | | 6. Elect | 6. Election Campaign Financing \$5.00 May Be | | | | | |
| | | | 28 | | | Trust | Trust Fund Contribution Added to Fees | | | | | |
| Zip | Countr | — · — | | | ountry 8. | | 8. This corporation has liability for intangible tax under s. 199.032, | | | | | |
| 24 | 25 | 26 | | 30 | | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | |
| · VPA | 9. Name and Addre | ss of Current Heg | Istered Agent | | 81 | T Nissa | 10. Nan | ne and Address of New Re | gistered | Agent | | ····· |
| | NEY, TIMOTHY H. | | | | 0, | Name | | | | | 1 | |
| | BRADLEY PLACE IM BEACH FL 33480 | | | 82 | Street A | ddress (P.O. B | lox Number is Not Acceptat | ole) | - | ******* | | |
| | | | | | 83 | | | | | | | |
| · | | | | - | 84 | :* | | | FL | . 1 | ip Code | |
| 11. Pursuant office or r agent. La | to the provisions of Sec registered agent, or both im familiar with, and acc | tions 607.0502 and n, in the State of Fic cept the obligations | 607.1508, Florida Stati orida: Such change was of, Section 607.0505, I | utes, the a s authorize Florida Sta | above ad by atutes | e-named o y the corpt s. | orporation sub oration's board | mits this statement for the p of directors. I hereby accep | ourpose of of the app | changin ointment | g its regis | istered tered |
| SIGNATURE | | | • | | | | | | | | | |
| Signature typed or printed name of registered agent and title if applicable. (NOTE: Re | | | | | | ent signature n | equired when reinsta | | DATE | | | |
| 12. | | FFICERS AND DIR | | 13. | | | ADDIT | TIONS/CHANGES TO OFFIC | ERS AND | | | |
| TITLE | PD SHOPPY BEOME | ٥ | ☐ DELETE | 1.17 | TTLE | | | | | Chang | je 📙 | Addition |
| NAME | SNODDY, BERNIE | | | 1.21 | IAME | | | | | | | |
| STREET ADDRESS | 1201 U.S. HWY. O | | | 1.3 \$ | TREET | ADDRESS | | | | | | |
| CITY - ST - ZIP | NORTH PALM BCI | 1. FL | | | 2-YIK | T-ZIP | | | | | | |
| TITLE | | | DELETE | 2.1 7 | ITLE | | | | | L Chang | je Џ | Addition |
| NAME | | | | 2.21 | IAME | | | | | | | |
| STREET ADDRESS | | | | 2.3 \$ | TREET | ADDRESS | | | | | | |
| CITY - ST - 71P | | | | 2.4 | CITY-5 | ST-ZIP | ···· | ····· | | | | |
| TITLE | | | ☐ DELETE | 3.17 | ITLE - | | | 1 | r | Chang | je 🗀 | Addition |
| NAME | | | | 3.2 6 | IAME | | | | | | | : |
| STREET ADDRESS | | | | 3.3 \$ | TREET | ADDRESS | | | | | | |
| CITY - ST - ZIP | | ··· II· | | 3.4. | CITY - S | ST-ZIP | | | | | | |
| TITLE | | | ☐ DELETE | 4.11 | TTLE | | | | | Chang | je 🔲 | Addition |
| NAME | | | | 4.2 | NAME | | | | | | | |
| STREET ADDRESS | | | | 4.3 \$ | TREET | ADORESS | | | | | | |
| CITY - ST - ZIP | A184 A-14444 | | | 4.4 (| ITY-S | T-ZIP | | | | | | |
| TITLE | | | ☐ DELETE | 5.1 7 | ITLE | | | | | Chang | je 🗌 | Addition |
| NAME | | | | 5.21 | IAME | | | | | | | |
| STREET ADDRESS | | | | 5.3 \$ | TREET | ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | 540 | IIY-S | T-ZIP | | | | | | |
| TITLE | | | DELETE | 6.17 | ITLE | | | | | Chang |)e 🗆 | Addition |
| NAME | | | | 6.21 | IAME | | | | | | | |
| STREET ADDRESS | | | | 6.3 S | TREET | ADDRESS | | | | | | |
| | i | | | 1 | | | | | | | | |

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 conditation 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 12 in changed, or on an attachment with an address.