

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PH 8:29**

**DOCUMENT # F53619 (5)**

1. Corporation Name  
**ALL CONDO MANAGEMENT SERVICES, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
645 - 18TH PLACE P.O. BOX 650471 VERO BEACH FL 32960 US		P.O. BOX 650471 P.O. BOX 650471 VERO BEACH FL 32965 US		11/10/1991	04/26/1994
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable		
21	26	59-2144719			
Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		[ ]			
City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		[ ]			
Zip	County	28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
24	25	29	30	[X] Yes [ ] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOYCE, CHARLES V. 645 - 18TH PLACE VERO BEACH FL 32960				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	[ ] Change [ ] Addition
NAME	JOYCE, MARY S	1.2 NAME	
STREET ADDRESS	645 18TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	[ ] Change [ ] Addition
NAME	JOYCE, CHARLES V	2.2 NAME	
STREET ADDRESS	645 18TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	[ ] Change [ ] Addition
NAME	STEELE, JACK H.	3.2 NAME	
STREET ADDRESS	645 18TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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: Mary S. Joyce 4-1-95 (407) 562-6853  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR Date Daytime Phone #  
Mary S. Joyce Secretary - Director