2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 15, 2000 8:00 am Secretary of State **DOCUMENT # G46948** 1. Entity Name ALL AMERICAN AWARDS, INC. 02-15-2000 90002 008 ***150.00 Mailing Address Principal Place of Business % GEORGE EDWARD TAYLOR TO GEORGE EDWARD TAYLOR E COMMERCIAL BLVD. 3030 E COMMERCIAL BLVD A TANKER AND TANKER TO THE PARTY TO THE PAR FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308-4312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2307538 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, GEORGE EDWARD Street Address (P.O. Box Number is Not Acceptable) 3030 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition PVD ☐ Change ☐ Delete TITLE TAYLOR, GEORGE EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 3030 E COMMERCIAL BLVD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition_ TITLE Delete, _ _ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if

FILED

Ge@rge E. Taylor

491-3970