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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H02011

ALL AMERICAN SPECIALTY CORPORATION, INC.						
					IDAK BROKI DAZIA KEDA	
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Principal Plac	e of Business	Mailing Address		- I spångre grett goding viste by de i grett by grett by grett grett grett grett g	INIV BEDEL BINIV 1001	
4910 VICTOR ST. P. O. BOX 5689						
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207				*		
US US			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed		
				05/03/1984		
⊢	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	#	26		59-2391186	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		I had continued of Status Desired ()	5 Additional Required	
City & Stat	te	City & State		6. Election Campaign Financing _ \$5.	00 May Be	
23	v.	28			ed to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	_	
24 25 29 30			30	Personal Property Tax. Yes No		
9. Name and Address of Current Registered Agent 10. Name				10. Name and Address of New Registered Agent		
,ors	EN, JAKE		Name	·	ļ	
4910 VICTOR ST.		82 Street Addr	ress (P.O. Box Number is Not Acceptable) .			
JACKSONVILLE FL 32207			83	The second secon	7 - 1 - 2 , 1 - 3 ; 1 - 3 ; 1 - 3 ; 1 - 3 ; 1 - 3 ; 1 - 3 ; 1	
1			63			
			84 City	E 85 Z	ip Code	
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 697.0505, Florida Statutes.						
office or r	egistered agent, or both, in the State of	of Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accept the appointment as	registered	
				The product of the control of the co		
agent. I &	im familiar with, and accept the obligat	ions of, Section 697, 0505, Floric	da Statutes.	, , , , , , , , , , , , , , , , , , ,		
agent. I a	1_ JAKE	N. OIX	pull		. ,	
I \	Synatys, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: R	Registered Agent signature require	od when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	Registered Agent signature require		TORS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: R	Registered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12	
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND PCD OLSEN, JAKE	t and title if applicable. (NOTE: R	tegistered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12	
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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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90004 024 ***150.00