

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 # K09650 (8)

1. Corporation Name

ALL ENERGY SERVICES COMPANY, INC.



Principal Place of Business

5820 S.W. 87TH AVENUE
COOPER CITY FL 33328

Mailing Address

5820 S.W. 87TH AVENUE
COOPER CITY FL 33328

2. Principal Place of Business

2a. Mailing Address

21 5820 SW 87 AVE

26 SAME

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 COOPER CITY FL

29 Zip

25 33328

30 Country

26 USA

9. Name and Address of Current Registered Agent

EILEEN LIPP
1522 WHITEHALL DR 202
FT. LAUDERDALE FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits the 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 Agent or Director)

(Signature of Another Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	LIPP, GEORGE	
STREET ADDRESS	5820 SW 87TH AVE.	
CITY-STATE-ZIP	COOPER CITY FL	
TITLE	DV	☐ DELETE
NAME	LIPP, FRANCES	
STREET ADDRESS	13730 SW 90 AVE., #E	
CITY-STATE-ZIP	MIAMI FL	
TITLE	DS	☐ DELETE
NAME	LIPP, LISA	
STREET ADDRESS	5820 SW 87TH AVE.	
CITY-STATE-ZIP	COOPER CITY FL	
TITLE	DT	☐ DELETE
NAME	LIPP, EILEEN	
STREET ADDRESS	1522 WHITEHALL DR. #202	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 change; or on an attachment with an address.

SIGNATURE: *George Lipp* GEORGE LIPP PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 954-434-3244
Date Printed

CR2E034 (12/95)