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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K32353 (0)

ALL SEASONS, INC.



Principal Place of Business: P O BOD 14453 BRADENTON FL 34280; Mailing Address: P O BOD 14453 BRADENTON FL 34280

2. Principal Place of Business: 21 6302 Manatee Ave W, Suite 200, Bradenton, FL 34209; 22 Suite 200; 23 BRADENTON, FL; 24 34209; 25 MANATEE; 26 P.O. Box 14453, Suite Apt. #, etc.; 27 BRADENTON, FL; 28 BRADENTON, FL; 29 34280; 30 MANATEE

3. Date Incorporated or Qualified: 09/02/1988; 3a. Date of Last Report: 04/18/1995; 4. FEI Number: 26-5391016; 5. Certificate of Status Desired: \$8.75 Additional Fee Required; 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees; 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No; 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: LISCH, ERNIE C. 1732 MANATEE AVENUE WEST BRADENTON FL 34205

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0042 and 607.1506, 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 607.005, Florida Statutes.

SIGNATURE: [Signature] Title: [Blank] Date: [Blank]

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a checkbox labeled 'DELETE'. Row 1: PD COWHERD, ALAN R. 1001 71ST ST, N.W. BRADENTON FL.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a checkbox labeled 'DELETE'. Rows 1-6 for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or successor 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 asterisk.

SIGNATURE: [Signature] Alan Cowherd/President 3-22-96 (941) 792-7336

CR2E034 (12/95)