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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Specialize of State

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **K35772** 

(8)

1. Corporation Name

004		10	All L	/PD	IAIO
SUM	ETHIN	lla -	SILV	/EK	INC.

CONIL	ITIIIG OILVEII, IIIO.				
Principal Place	of Business	Mailing Address			is miller didle didie dines binie denis 1691
7824 NW 44TH ST. 7824 NW 44TH ST. SUNRISE FL 33351 SUNRISE FL 33351					
				3. Date Incorporated or Qualified 10/03/1988	3a. Date of Last Report 04/26/1995
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0079318	Not Applicable
Suite, Apt.	#, etc.	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27 Orty & State		City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Traise Fund Commodition	Added to Fees
		Zip	Count y	This corporation has liability for intangible tax under s 199.032,	
24	25	29	30	Florida Statutes Yes No  10. Name and Address of New Registered Agent	
	9. Name and Address of Cu	rrent negistered Agent	81 Name	To. Hame and Address of the the	
SWEET,	RONI		82 Street Addr	ress (P.O. Box Number is Not Acceptable	1
	W 107TH AVE		52 Street Addi	ess (F.O. Dox Mairibo) is not recoptable	
SUNRISE FL 33322			83		
			84 City		85 Zip Code
					FL   1,0000
11. Pursuant	to the provisions of Sections 607.0	)502 and 607.1508, Florida Statu Florida, Such change was authori	ites, the above-named corpor ized by the co poration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appoin	ose of changing its registered office in ntment as registered agent. Lam
familiar w	ith, and accept the obligations of,	Section 607.0505, Florida Statule	95.		
SIGNATURE	Signature, specifier printed name of registered	Sant and the state of the san and the state of the san and the state of the san and the sa	(O*F: Registered Argent & mature resource	dwise, omeiatris	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	VD	DEVELE	1 TITUE		☐ Change ☐ Addition
NAME	SWEET, RONI		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4 CITY -ST-ZIP		Change Addition
TIFLE		DELE TE	2 1 THTL ? 2 2 NAN :		
NAME			2 3 STRIET ADDRESS		
STREET ADDRESS			2.4 C/TY - ST - Z/P		
CITY-ST-ZIP TITLE		☐ DELETE	3 1 TIFE :		Change Addition
NAME			3 2 NAN E		
STREET ADDRESS			3.3 STEFET ADDRESS		
CITY-ST-ZIP			3.4 CITV - ST - ZIP		C Observe C Add for
TITLE		☐ DELETE	4. 1 Tilli E		Change Addition
NAME			4 2 NAN E		
STREET ADDRESS			4.3 STR ET ADDRESS 4.4 C(T) - ST - ZIF		
CITY-ST-ZIP TITLE		☐ DELETE	5 17IT E		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STR ET ADORESS		
CITY - ST - ZIP			5.4 CIT <sup>1</sup> -ST-ZIP		
TITLE		DELETE	6 1 TIT E		Change Addition
NAME			6 2 NAME		
STREET ADDRESS	3		6.3 STP: EL ADDRESS		
CITY-ST-Z-P	Land Abride Service	stind with the files is very extended	6 4 CIT : - ST - ZIP	for the exemption stated in Section 119.0	7(3)(k). Florida Statutes I further
certify th		, annual report or supplemental ar comonation or the receiver or trus	nnual report is true and accur itee empowered to execute th	arte and that my signature shall have the sais report as required by Chapter 607, Flo	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTURE

4/20/96

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