

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 FEB 27 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02706

(4)

1. Corporation Name

ALL FIANZAS BAIL BONDS, INC.

Principal Place of Business

ANDREW HELGESEN
11380 PROSPERITY FARMS RD., STE. 201
PALM BEACH GARDENS FL 33410

Mailing Address

ANDREW HELGESEN
11380 PROSPERITY FARMS RD., STE. 201
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0150519

Applied For

Not Applicable

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

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

1000 SOUTH MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

D.

27

D.

City & State

City & State

23

28

WEST PALM BEACH, FLORIDA

Zip

Country

29

33415

Country

USA

24

25

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELGESEN, ANDREW
11380 PROSPERITY FARMS ROAD
SUITE 201
PALM BEACH GARDENS FL 33410

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer (agent)

(If 21) Registered Agent Signature required when terminating

(If 21)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

NEFZGER, ANTHONY

STREET ADDRESS

1000 S. MILITARY TRAIL

CITY, ST, ZIP

WEST PALM BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change

☐ Addition

14. I am hereby certifying that the information supplied with this filing is voluntarily furnished and that I am equally liable for the consequences stated in the laws of the State of Florida. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my capital 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 the Florida Statutes and that my name appears in Block 12 or Block 13 of changes, or as an addendum with an address.

SIGNATURE:

Anthony Nefzger
SIGNATURE AND TYPE, ON PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

ANTHONY NEFZGER

1/20/95 407-686-2221