

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L30623

1. Corporation Name

ALL FLORIDA PLUG, INC.

Principal Place of Business

121 S.E. 9 COURT
POMPANO BEACH FL 33060

Mailing Address

121 S.E. 9 COURT
POMPANO BEACH FL 33060

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

BAXTER, EDWIN
121 SE 9TH CT
POMPANO BEACH FL 33060

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

Edwin Baxter

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when removing agent)

DATE

1-5-99

12. OFFICERS AND DIRECTORS

TITLE VST [] DELETE

NAME BAXTER, EDWIN
STREET ADDRESS 121 SE 9 COURT
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE P [X] DELETE

NAME BAXTER, PHODA
STREET ADDRESS 121 SE 9 COURT
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [X] Addition

P BAXTER, EDWIN

121 SE 9 CT

POMPANO BEACH FL 33060

[] Change [] Addition

700002831267

-04/06/99-01035-000

****150.00 ****150.00

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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

SIGNATURE:

Edwin Baxter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 (954) 9434257

Date Daytime Phone #

0155851

CR2E034 (11/98)