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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M55240

(9)

A-ALL AMERICAN-SCOTTALINE BAIL BONDS, INC.

## FILED May 01 1997 8:00am Secretary of State

|--|

Principal Place of Business IS4 NW 22 AVE SUITE 102 JIAMI FL 33125		454 NM SUITE	Mailing Address 454 NW 22 AVE SUITE 102 MIAMI FL 33125-3355							
\$		US					<ol> <li>Date Incorporated or Qualified 07/09/1987</li> </ol>	3a. Dai	e of Last 5/1996	Report
, Principal F	lace of Business	<b>2a.</b> Ma	2a. Mailing Address			4. FEI Number		A	pplied For	
		26					59-2821888	·	N	lot Applicab
Suite Apt. T	# etc.	Su 27	ile, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	10		ty & State				6. Election Campaign Financing		<del></del>	) May Be
}		28	,				Trust Fund Contribution			/ May be Ito Fees
Ζιρ	Country	Zip		Coi	untry	······································	8. This corporation has liability to			
	25	29		30				Yes [		. ,,,,,,,,,
	g, Name and Address of Cui		d Agent		1		10. Name and Address of New F	legistered A	gent	
SCC	OTTALINE, JOSEPH S.				81	Name				
454	NW 22 AVENUE				82	Street Add	dress (P.O. Box Number is Not Accept	able)	<del></del>	
SUN	TE 102				62	Street Aut	iless (1.0. Box Normber is Not Accept	able)		
	MI FL 33125				83					
*****										
					84	City		FL	85   Zip	Code
IGNATURE	Signation, typed or purior name of registered	d agent and title if aps		OTE: Reg stere		signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	IRS IN 12
<u>.                                    </u>	OFFICERS	AND DIRECTO	DELETE	117		<del></del>	ADDITIONS/CHANGES TO OFF	ICENS AND	Change	
ME	SCOTTALINE, JOSEPH S.		C pecerie	1	VAME				د السام د	, , , , , , , , , , , , , , , , , , ,
et l'adoress	20031 E. OAKMONT DR				STREET AL	nnerce				
Y ST-ZIP	HIALEAH FL			1 1		1				
1.51.71r						710				
			DELETE		CITY - ST -	ZIP		· <del></del>	Change	☐ Addit
			DELETE	2.1 7	ITLE	ZIP			Change	Addit
И:			DELETE	: 2.1 T 2.2 N	TITLE NAME			· · · ·	Change	Addit
A: LET ADDRESS			☐ DELETE	2.1 7 2.2 N 2.3 S	TITLE NAME STREET AL	DDRESS			Change	Addit
A: LET ADDRESS Y - ST - ZIP			☐ DELETE	2.1 7 2.2 N 2.3 S	TITLE NAME STREET AL CITY-ST	DDRESS			Change  Change	
A: LET ADDRESS Y - ST - ZIP - 3				2.1 T 2.2 N 2.3 S 2.4 C 3.1 T	TITLE NAME STREET AL CITY-ST	DDRESS				
A: BET ADDRESS Y+ST-ZIP -4 VE				2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N	TITLE NAME STREET AL CITY-ST- TITLE	DDRESS - ZIP				
ELLADORESS (+ST-ZIP) E RELADORESS		· · · · · · · · · · · · · · · · · · ·		2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	TITLE NAME STREET AL CITY-ST- TITLE NAME	DDRESS - ZIP				
A: LET ADDRESS Y+ST-ZIP 3: VE LET ADDRESS VEST-ZIP				2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	TITLE NAME STREET AL GITY-ST- TITLE NAME STREET AL CITY-ST-	DDRESS - ZIP				☐ Addet
M: Y+SI+ZIP LE WE REELADDRESS Y+SI+ZIP F			☐ DELETE	2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 Ti	TITLE NAME STREET AL GITY-ST- TITLE NAME STREET AL CITY-ST-	DDRESS - ZIP			Change	Addrti
M: REFEADORESS Y-SE-ZIP REFEADORESS WE REFEADORESS Y-SE-ZIP F			☐ DELETE	2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T) 4.2 N	TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST- TITLE	DDRESS - ZIP  DDRESS - ZIP			Change	Addrti
M: REEL ADDRESS Y - SE-ZIP LE WE REEL ADDRESS Y - SE-ZIP LE			☐ DELETE	2.17 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T) 4.2 A 4.3 S	TITLE NAME STREET AF GITY-ST- TITLE STREET AF GITY-ST- TITLE NAME	DDRESS - ZIP  DDRESS - ZIP  DDRESS - DDRESS			Change	Addrti
M: RLET ADDRESS Y - ST-ZIP LE WE RLET ADDRESS Y - ST-ZIP LE			☐ DELETE	2.17 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T) 4.2 A 4.3 S	TITLE NAME STREET AL GITY-ST- TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST-	DDRESS - ZIP  DDRESS - ZIP  DDRESS - DDRESS			Change	Additi
ATERITATIONS SERVICE AND			☐ DELETE	2.17 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T) 4.2 N 4.3 S 4.4 C 5.1 T	TITLE NAME STREET AL GITY-ST- TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST-	DDRESS - ZIP  DDRESS - ZIP  DDRESS - DDRESS			Change	☐ Additi
ME ADDRESS Y ST-ZIP CS ME HEEL ADDRESS Y ST-ZIP HE ME HEEL ADDRESS Y ST-ZIP HE ME HEEL ADDRESS Y ST-ZIP HE ME HEEL ADDRESS			☐ DELETE	21 T 22 N 23 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T 4.2 M 4.3 S 4.4 C 5.1 T 5.2 N	TITLE NAME STREET AL GITY-ST- TITLE NAME STREET AL GITY-ST- TITLE NAME STREET AL GITY-ST- TITLE	DDRESS - ZIP  DDRESS - ZIP  DDRESS - ZIP			Change	☐ Addit
AS SELET ADDRESS Y-ST-ZIP  SELET ADDRESS Y-ST-ZIP  E-EFT ADDRESS Y-ST-ZIP E- ME REFT ADDRESS			☐ DELETE	21T 22N 23S 2.4( 31T 32N 33S 34.6 41T 42N 43S 44C 51T 52N 53S	TITLE NAME STREET AL GITY-ST- TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST- TITLE NAME	DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP			Change	☐ Additi
ME REFEADORESS Y-ST-ZIP  REFEADORESS Y-ST-ZIP  ME REFEADORESS Y-ST-ZIP  REFEADORESS Y-ST-ZIP  REFEADORESS Y-ST-ZIP			☐ DELETE	21T 22N 23S 2.4( 31T 32N 33S 34.6 41T 42N 43S 44C 51T 52N 53S	TITLE  NAME  STREET AL  GITY-ST-  TITLE  NAME  STREET AL  CITY-ST-  CITY-ST-	DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP			Change	Additi
ME RLET ADDRESS [Y-SI-ZIP]  CE ME HEET ADDRESS [Y-SI-ZIP]  IF ME HEET ADDRESS [Y-SI-ZIP]  EE HEET ADDRESS [Y-SI-ZIP]  IF ME HEET ADDRESS [Y-SI-ZIP]  IF ME HEET ADDRESS [Y-SI-ZIP]  IF ME			DELETE	2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	TITLE  NAME  STREET AL  GITY-ST-  TITLE  NAME  STREET AL  CITY-ST-  CITY-ST-	DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP			Change Change	Additi
MI: RLET ADDRESS IY-ST-ZIP  CF ME HEET ACORESS IY-ST-ZIP  TE HEET ACORESS IY-ST-ZIP  TE HEET ACORESS IY-ST-ZIP			DELETE	2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 6.4 C 6.1 Ti 6.2 N	ITILE  CONTY-ST-  CONTY-  CONTY-ST-  CONTY-  CONTY-ST-  CONTY-  CONTY-ST-  CONTY-ST-  CONTY-ST-  CONTY-ST-  CONTY-ST-  CONTY-  CONTY-ST-  CONTY-ST-  CONTY-  C	DDRESS -7IP  DDRESS -7IP  DDRESS -7IP  DDRESS -7IP  DDRESS -7IP			Change Change	Additi

14. I do noreby 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 comporation 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 chapters, or on an attendment of the composition of the

SIGNATURE:

GUATURE AND EPPE OMPRINTED NAME OF SIGNING OFFICER ON DIRECTOR DISTORT DISTORI DISTORT DISTORT DISTORT DISTORT DISTORT DISTORT DISTORT DISTORI