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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000003267

1. Corporation Name

ALL SOUTH SERVICES UNLIMITED, INC.

Principal Place of Business
**585 NORTHWEST 2ND AVENUE
BOCA RATON FL 33432**

Mailing Address
**585 NORTHWEST 2ND AVENUE
BOCA RATON FL 33432**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0842206	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	STEPHENS, EDWIN J V				
STREET ADDRESS	585 NORTHWEST 2ND AVENUE				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	STEPHENS, EIREANN				
STREET ADDRESS	585 NORTHWEST 2ND AVENUE				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	FALCO, RALPH				
STREET ADDRESS	585 NORTHWEST 2ND AVENUE				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	DANIEL, WILLIAM				
STREET ADDRESS	585 NORTHWEST 2ND AVENUE				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PROJ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Stephens, Edwin J. V				
1.3 STREET ADDRESS	585 N.W. 2nd Ave.				
1.4 CITY-ST-ZIP	Boca Raton, FL 33432				
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Falco, Ralph				
2.3 STREET ADDRESS	585 N.W. 2nd Ave.				
2.4 CITY-ST-ZIP	Boca Raton, FL 33432				
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Marcott, Lori				
3.3 STREET ADDRESS	585 N.W. 2nd Ave.				
3.4 CITY-ST-ZIP	Boca Raton, FL 33432				
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	Stephens, Eireann				
4.3 STREET ADDRESS	585 N.W. 2nd Ave.				
4.4 CITY-ST-ZIP	Boca Raton, FL 33432				
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 617, 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: *[Signature]* **STEPHENS, EDWIN J. Stephens 5th 30 April, 1999 (561) 368-4441**

CR2E037 (11/98)