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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P20412

121

1. Corporation	ALL OF AMERICA, INC.	_ (0)		T HERMANN KIR INDIN BENJI ROBER KIRIJE ANDRI BIRKAN BIRMI BIRMI BIRMI BIRMI BIRMI BIRMI BIRMI BIRMI
Principal Place	o of Business	Mailing Address		
1036 WILLIAM FLYNN HIGHWAY 1036 WILLIAM FLYNN HIGH GLENSHAW PA 15116 GLENSHAW PA 15116-2636				
1				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21 26		4		25-1367270 Not Applicable
Suite, Apt. #, etc. 27				5. Certificate of Status Desired S. 58.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Ζφ <b>24</b>	Country 25	Z(p	Country 30	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes
Name and Address of Current Registered Agent     10, Name and Address of New Registered Agent				
CT CORPORATION SYSTEM				
1200 S. PINE ISLAND RD.			82 Street Add	dress (P.O. Box Number is Not Acceptable)
PLAI	NTATION FL 33324		63	
			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.				
CICINIA TURNS	41/4			
12.	Slip whose types or profed name of registered ag	gent and title if applicable. (NOT ND DIRECTORS	E: Registered Agent signature requested 13.	ulred when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THUE	TS	DELETE	1.1 TITLE	Change Addition
NAMÉ	LISOTTO, VICTOR		1.2 NAME	
STREET ADDRESS	1036 WILLIAM FLYNN HWY.		1.3 STREET ADDRESS	
CITY+ST-ZIP	GLENSHAW PA		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	21 TITLE	Change Addition
NAME	MCMILLIAN, RANDY		22 NAME	
CHTY: S1 - ZIF	GLENSHAW PA		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	
101 F	OBLIGITITI I	☐ DELETE	3.1 TiTLE	☐ Change ☐ Addition
NAME			3 2 NAME	
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CITY-S1-ZIP			3.4. C(TY+ST-ZIP	
TOLE		☐ DELETE	4.1 TITLE	Change Addition
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STREET ADDRESS			4.3 STREET ADDRESS	
C/TY - S1 - ZIP		DELETE	4.4 CITY-ST-ZIP	Chance Ladding
TITLE		["] nerete	5.1 TITLE	L. Change L. Addition
NAME CIDECT ADDIDLOS			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
TITLE	and the state of t	☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME			6.2 NAME	The state of the s
STREET ADDRESS			6.3 STREET ADDRESS	

14. I do 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 eath; that I am an officer ordirector 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 it or \$60 \times 13 if changed, or on an attachment with an address. SIGNATURE: 412-487-1400

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**FILED** 

May 12 1997 8:00am

Secretary of State