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May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000011444 (6)

1. Corporation Name  
ALL SELECT MARKETING SERVICES, INC.

Principal Place of Business  
8081 SW 30TH COURT  
FT. LAUDERDALE FL 33314  
US

Mailing Address  
ALL SELECT MARKETING SERVICES, INC.  
P.O. BOX 292037  
DAVIE FL 33329-2037  
US



2. Principal Place of Business		2a. Mailing Address	
21 3921 SW 47th Ave	26 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	
22 1010	28 City & State	29 City & State	
23 Davie FL	30 Zip	31 Country	
24 33314	25 DAVIE	29 30	

3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last Report 02/14/1996
4. FEI Number 65-0388658	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PORTLEY, PETER A 2401 E ATLANTIC BLVD SUITE 410 POMPANO BEACH FL 33062		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P. D.
NAME	OLIVER, ALISON	1.2 NAME	OLIVER, ALISON
STREET ADDRESS	3020 SW 61 AVE.	1.3 STREET ADDRESS	3921 SW 47th Ave
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	1.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	ST	2.1 TITLE	S.T.D.
NAME	MARCELLINO, CHRISTINE	2.2 NAME	FORMAN, CHRISTINE
STREET ADDRESS	888 SE 3RD AVE #105	2.3 STREET ADDRESS	888 SE 3RD AVE #105
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: Alison Oliver 4/30/97 (581) 581-1220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)