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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90007 017 ***150.00

ALL STAH BUILDING SUPPLIES, IN	10.								
Principal Place of Business	Mailing Address				1 (00)(188) (10 (000 3)(1) 00))(8)	IIIS Ba isi Ba is			
755 SW 16TH AVE	755 SW 16TH AVE.								
BAY 12 BAY 12					DO NOT WRI	TE IN THE	SSPACE		
DELRAY BCH FL 33444 US DELRAY BCH FL 33444 US US					3. Date Incorporated or Qualifed	TE IN THE	SOFACE		
			•		01/04/1993				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		App	lied For	
26					65-0417673		Not	Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	dditional	3
22 27					3. Oblinicate of Status Desired		Fee Re	quired	
City & State City & State					6. Election Campaign Financing	□ [.]	\$5.00	•	
28			intry		Trust Fund Contribution		Added to	Fees	,
Zip Country 24 25	29	30	шиу		This corporation owes the curr Personal Property Tax.	ent year in	~=-	□No	
9. Name and Address of Currer		[30]			10. Name and Address of New I	Registered			
The state of the s			81	Name		_ -			
WILLIS, RANDY	771		82	Stroot Addro	ess (P.O. Box Number is Not Accepta	hla)			
755 SW 16TH AVE.			62	Sueer Addre	ss (F.O. DOX Number is Not Accept		e marine i janje si sieje.	ent ben lost	
#12			83				到提供		
DELRAY BCH. FL 33444			84	City	· · · · · · · · · · · · · · · · · · ·	transport states	85 Zip C	ode * ***	
Mario Tree di Mario I deserri	en e e e			•		FL	11		
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	2 and 607,1508, Florida Statu of Florida, Such change was	ites, the al	bove	 named corporation 	ration submits this statement for the	purpose of	f changing its i	registered	
Dell'agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, Fl	orida Stati	utes.	.io corporado	10 554.5 5. 4555.5. 7.16.52., 4555,			: :	
SIGNATURE	\								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS			Registered Agent signature require 13.		ADDITIONS/CHANGES TO OF	DATE: FICERS A	ND DIRECTO	RS IN 12	ć
TITLE D	DELETE	1.1 Π	πE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition .	7
NAME WILLIS, RANDY		1.2 N	1.2 NAME		, , ,			Ì	3
STREET ADDRESS 9605 PAYTON CT.			1.3 STREET ADDRESS			•			Š
CITY-ST-ZIP BOYNTON BEACH FL 33437			TY-ST-	ZIP		•			Š
TITLE D	☐ DELETE	2.1 ∏	TLE				Change	☐ Addition	C
NAME TARPENNING, DALE			AME		·		-	ŀ	
STREET ADDRESS 5544 THIRD RD			REET	ADDRESS	•				
CITY-ST-ZIP LAKE WORTH FL			2.4 CITY-ST-ZIP						
TILE. See CS August	DELETE	3.1 TIT		·			☐ Change	☐ Addition	
NAME		3.2 NA							
STREET ADDRESS				ADDRESS		130 1219 120		1. 经加	
TITLE 1945 CHARLES AND	□ DELETE	3.4. CI	ITY-ST	-ZIP		2 2 3 3 1 1 1 1 2 2 3 3 3 1 1 1 1 1 1 1	Change	Addition	
NAME .			4. 2 NAME		* ***	, 1, , 1	. 🗀 🕬	.,	
STREET ADDRESS		4.3 STREET ADDRESS		ADDRESS	•				
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE								Addition	
NAME	. DELETE	5.1 TX	TLE				☐ Change	Audilloti	
STREET ADDRESS	☐ DELETE	5.1 III 5.2 NA			in the second se		∐ Change	·	
CITY-ST-ZIP	☐ DELETE	5.2 NA	AME	ADORESS .			Change	· · ·	
	DELETE	5.2 NA 5.3 ST 5.4 CF	AME TREET / TY-ST-				Change		
TITLE 1 MARKET PARKETS (1997)	☐ DELETE	5.2 NA 5.3 ST 5.4 CF 6.1 TIT	AME TREET / TY-ST- TLE				☐ Change	Addition	
NAME SECTION STATES SOUTH		5.2 NA 5.3 ST 5.4 CF 6.1 TH 6.2 NA	TREET / TY-ST- TLE VME						,

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: