SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:27

DOCUMENT # **P93000009225 (2)**

1. Corporation Name
ALL LINES INC.

Principal Place of Business	Mailing Address
4225 45TH ST. #I-1 WEST PALM BEACH FL 33407	1195 MANGO DRIVE #I-1 WEST PALM BEACH FL 33415 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1993	3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0389156	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 1195 MANGO DR.	26 DELETE #I 1
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: WEST PALM BEACH, FL	28 City & State
24 Zip: 33415 / 25 Country: PLAM BEACH	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CARR, JAMES W
4225 45TH ST.
#I-1
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

01 Name: CARR, JAMES W. ADDRESS CHANGE ONLY
02 Street Address (P.O. Box Number is Not Acceptable): 1195 MANGO DR
03
04 City: WEST PALM BEACH FL / 05 State: FL / Zip Code: 33415

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	D	11 TITLE
NAME	CARR, JAMES W	12 NAME
STREET ADDRESS	1195 MANGO DRIVE	13 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Addition
NAME		
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

THE FIRST REPORT WAS NOT RECEIVED BY THIS OFFICER.
PLEASE MAKE THE NECESSARY CORRECTIONS SO THIS WILL NOT
HAPPEN AGAIN. FORWARDING ORDER EXPIRED AFTER ONR YEAR,
AND YOU WERE INFORMED OF THE CHANGE OF ADDRESS.....
THANK YOU, JIM CARR, PRES. 6-05-95

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 6/5/95 407 668681
SIGNATURE AND TYPED OR PRINTED NAME OF BONNIO OFFICER OR DIRECTOR — Date — Daytime Phone #

CP