FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042992 (6)**

1. Corporation Name

ALL HANDS, INC.

Principal Place of Business	Mailing Address
3001 N.W. 48TH AVENUE #441 LAUDERDALE LAKES FL 33313	3001 N.W. 48TH AVENUE #441 LAUDERDALE LAKES FL 33313

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/10/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 3801 N. University Dr
22 Suite, Apt. #, etc.: 501
23 City & State: Sunrise, FL
24 Zip: 33315
25 Country: Broward

2a. Mailing Address
26: 6700 LANDINGS Dr
27 Suite, Apt. #, etc.: 105
28 City & State: Lauderhill, FL
29 Zip: 33319
30 Country: Broward

4. FEI Number: 65-0414199 ☐ 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

9. Name and Address of Current Registered Agent

TEPPER, SCOTT J
3001 N.W. 48TH AVE.
#441
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81 Name: Scott J Tepper
82 Street Address (P.O. Box Number is Not Acceptable): 6700 LANDINGS Dr Apt 105
83:
84 City: Lauderhill, FL **FL** 85 Zip Code: 33319

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 mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D ☒ Change ☐ Addition
NAME	TEPPER, SCOTT J	1 2 NAME	Tepper, Scott J
STREET ADDRESS	3001 N.W. 48TH AVE. #441	1 3 STREET ADDRESS	6700 LANDINGS Dr #105
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	1 4 CITY-ST-ZIP	Lauderhill, FL 33319
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
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 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 asterisk.

SIGNATURE: Scott J Tepper President 5/11/95 (305) 485-0365
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0222517 CP