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Mar 10 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 # P93000050527 (9)

1. Corporation Name
ALL R'S, INC.



Principal Place of Business
11100 66TH STREET NORTH
SUITE 27
LARGO FL 34643

Mailing Address
11100 66TH STREET NORTH
SUITE 27
LARGO FL 33773-5500

3. Date Incorporated or Qualified 07/20/1993	3a. Date of Last Report 04/15/1996
4. FEI Number 59-3194011	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 10707 66TH STREET NORTH Suite, Apt. #, etc. 22 SUITE H City & State 23 PINELLAS PARK, FLORIDA Zip 24 33782	2a. Mailing Address 26 10707 66TH STREET NORTH Suite, Apt. #, etc. 27 SUITE H City & State 28 PINELLAS PARK, FLORIDA Zip 29 33782
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9. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE	PD
NAME	REINHARDT, JOE	1.2 NAME	REINHARDT, JOE
STREET ADDRESS	11100 66TH ST NO SUITE 29	1.3 STREET ADDRESS	5910 110TH AVENUE NORTH
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	PINELLAS PARK, FLORIDA 34666
TITLE	VSD	2.1 TITLE	VSD
NAME	REINHARDT, ANGELA	2.2 NAME	REINHARDT, ANGELA
STREET ADDRESS	11100 66TH ST NO SUITE 29	2.3 STREET ADDRESS	5910 110TH AVENUE NORTH
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	PINELLAS PARK, FLORIDA 34666
TITLE	TD	3.1 TITLE	TD
NAME	REINHARDT, JOAN	3.2 NAME	REINHARDT, JOAN
STREET ADDRESS	11100 66TH ST NO SUITE 29	3.3 STREET ADDRESS	5910 110TH AVENUE NORTH
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	PINELLAS PARK, FLORIDA 34666
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: Angela Reinhardt / Angela Reinhardt 3/4/97 813-547-9559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)