FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050527 (9)

ALL R'S, INC.

FILED Feb 09 1998 8:00am Secretary of State

813-546-6407

Principal Place	Mailing Address			-{	JULY MANUN DIRIN BANGN DUNUB 167	JII 1601 1601	
10707 66TH ST. NORTH STE H		10707 66TH ST. NORTH STE H	10707 66TH ST. NORTH STE H				
PINELLAS PARK FL 33782			PINELLAS PARK FL 33782		DO NOT WRITE IN THIS SPACE		
US		U\$			3. Date Incorporated or Qualified 07/20/1993		
2. Principal Pi	ace of Business	2s. Mailing Address			4. FEI Number	A	pplied For
21		26	4		59-3194011	N/	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5, Certificate of Status Desired		
City & State		City & State	}		6. Election Campaign Financing		May Be
Zip Country		28			Trust Fund Contribution		to Fees
, ·	Country 25	Zip	29 30 Country		8. This corporation owes or has pa		itangible □ No - I
24	g. Name and Address of Cur		[30]		Personal Property Tax due June 10. Name and Address of New Re		140
LIC			81	Name			
UCC FILING & SEARCH SERVICES, INC. 528 EAST PARK AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)							
SUITE 200 Street Address					ess (P.O. Box Number is Not Acceptal	STE H	
	LAHASSEE FL 32301		70 01 3000707	×/			
IAL	EN MODEL 1 E GEGOT						
			84	PAY	AS PAKK		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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with a scenario accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with a scenario accept the appointment as registered agent. I am familiar with a scenario accept the appointment as registered agent. I am familiar with a scenario accept the appointment as registered agent. I am familiar with a scenario accept the appointment as registered agent. I am familiar with a scenario accept the appointment as registered agent. I am familiar with a scenario accept the appointment as registered agent. I am familiar with a scenario accept the appointment as registered agent. I am familiar with a scenario accept the appointment as registered agent. I am familiar with a scenario accept the appointment as registered agent. I am familiar with a scenario accept the accept th							
SIGNATURE	Angola Kee	Ma de 11P	Ange	la Kei	n handt	1/28/98	
SIGNATURE ,	Signature, typed or winted name of registered	agent and title if applicable. (NO	OTE: Registered Ag	ent signature require		DATE	j
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	REINHARDT, JOE		1.2 NAME	1			}
STREET ADDRESS	5910 110TH AVE. NORTH		1.3 STREE	ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL VSD	DELETE	1.4 CITY-	ST-ZIP		Change	
TITLE	* * * *	□ nerest	2.1 TITLE			Change	Addition
NAME	REINHARDT, ANGELA 5910 110TH AVE. NORTH		2.2 NAME				
STREET ADDRESS	PINELLAS PARK FL		- 1	ADDRESS / 3	536 FEATHER SOUN EAKWATER FL	227/ D	1602
CITY-ST-ZIP TITLE	TO	DELETE	2. 4 CITY - 3 1 TITLE	51-2 <u>1</u> P	CARWATER FL	Change	Addition
NAME	REINHARDT, JOAN	C) 2	32 NAME			□ outuigo	
STREET ADDRESS	5910 110TH AVE. NORTH		1 - 2	ADDRESS			-
CiTY-ST-ZIP	PINELLAS PARK FL		3.4 CITY-	1			
TITLE		DELETE	4.1 TITLE	0, 1		Change	Addition
NAME			4. 2 NAME	J			}
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-	SY-ZIP			}
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS)
CITY-ST-ZIP			5.4 CITY - 1	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
TITLE		[] DELETE	6.1 TITLE	Ì		Change	Addition :
NAME			62 NAME	-			ļ
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP	and the short the large and the same	during this films does not a ""	6.4 CITY-1		Callian 440 07/0VD Florida 01-1	distant	3-6
14. Thereby 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.							