PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90062 034 ***150.00

DOCUMENT	#	P93000069031

ALL-PRO	SALES & SERVICE, INC.				
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Principal Place	e of Business	Mailing Address		11001100 110 10100 1111 0011 0011	8118 81119 19111 48194 11121 1121 1121
9108 NW 105 W MEDLEY FL 331		9108 NW 105 WAY MEDLEY FL 33178		DO NOT WRITE IN T	THE CRACE
US		US		DO NOT WRITE IN TO 3. Date Incorporated or Qualified	HIS SPACE
				10/05/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0440527	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Coefficate of October 2001/25	-Fee Required
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May Be
23	1.	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30	This corporation owes the current year Personal Property Tax.	r Intangible ☑Yes □No
24	9. Name and Address of Curren		30].	10. Name and Address of New Register	
	9. Name and Address of Curren	it itegistered Agent	81 Name		
LAW	FIRM OF LAWRENCE J SPIEGE	L CHARTERED	22 21 144	ress (P.O. Box Number is Not Acceptable)	
343 /	almeria ave		82 Street Addr	O HOLLYWOOD BUS	# 4355
COR	AL GABLES FL 33134		83	7/0	
			94 0;		85 Zip Code
			84 City Hol		-L! 35041
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1508, Florida Statutes	s, the above-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its registered
office or re agent, I as	egistered agent emboth, in the State on familiar with, and accept the obligation	of Florida. Such change was autitions of, Section 607.0505, Flori	thorized by the corporation da Statutes.	on's position directors. Thereby accept the ap	- Continuent as regional as
•				. <i>1</i>	
SIGNATURE	To the	s Kushner			7/99
	Signature, typed or printed name of registered ager	S KUSNINCE nt and title if applicable. (NOTE: I	Registered Agent signature require	od when reinstating) DATE	7/79
12.	Signature, typed or printed name of registered ager OFFICERS AN	AS KUSNINCA (NOTE: I	Registered Agent signature require		S AND DIRECTORS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 supplied that 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 eceiver of 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: