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 APR 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000078735 (6)**

1. Corporation Name
ALL AMERICA HOLDING GROUP, INC.

Principal Place of Business	Mailing Address
6359 EDGEWATER DR. ORLANDO FL 32810 US	6359 EDGEWATER DR. ORLANDO FL 32810 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/15/1993**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-3233224** ☐ 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

GALLAGHER, STEPHEN M.
6290 EDGEWATER DR.
ORLANDO FL 32810

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 _____ 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		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	STEINMETZ, CHARLES P.	12 NAME		
STREET ADDRESS	EDGEWATER DR.	13 STREET ADDRESS	6359 Edgewater Drive	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, Fl 32810	
TITLE	DST	21 TITLE		☒ Change ☐ Addition
NAME	GALLAGHER, STEPHEN M.	22 NAME		
STREET ADDRESS	6290 EDGEWATER DR.	23 STREET ADDRESS	6359 Edgewater Drive	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, Fl 32810	
TITLE	DV	31 TITLE		☒ Change ☐ Addition
NAME	CLENDENIN, GREGORY	32 NAME		
STREET ADDRESS	EDGEWATER DR.	33 STREET ADDRESS	6359 Edgewater Drive	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, Fl 32810	
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	SALLEY, STEPHEN G.	42 NAME		
STREET ADDRESS	EDGEWATER DR.	43 STREET ADDRESS	6359 Edgewater Drive	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	Orlando, Fl 32810	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	BURKE, JOHN	52 NAME		
STREET ADDRESS	EDGEWATER DR.	53 STREET ADDRESS	6359 Edgewater Drive	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Orlando, Fl 32810	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	CERTO, SAM	62 NAME		
STREET ADDRESS	EDGEWATER DR.	63 STREET ADDRESS	6359 Edgewater Drive	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	Orlando, Fl 32810	

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: _____ Steve M. Gallagher CFO 4-6-95 407-291-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084117 GP